



WATER FOR LIFE WALK PLEDGE FORM

The sponsor's full address, including postal code, is required in order to receive a **tax receipt**. Please print clearly.
 Donations less than \$20 will not be receipted. Please make cheques payable to **Mission of Mercy Canada** with the student's name on the memo line.

Sponsor's Name _____ Email Address _____ Phone _____

Address _____ City/Town _____ PC _____ **AMT \$** _____ Cash Cheque

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TOTAL \$

Student Name: _____

School: _____

Please return on Walk Day

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Sponsor's Name _____	Email Address _____	Phone _____	
Address _____	City/Town _____	PC _____	AMT \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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Address _____	City/Town _____	PC _____	AMT \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque

TOTAL \$