



(For Office Use Only)

Name of Runner/Walker:

Address:

Phone Number:

Postal Code:

Sponsor's Name	Sponsor's Address	Sponsor's Phone Number	Amount Pledged	Receipt (y/n)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

**Please make cheques payable to
L.A.W.C.**

TOTAL PLEDGED _____

**Receipts for income tax purposes are issued
pledges of \$10.00 or more.**

for

TOTAL REMITTED _____

**The London Abused Women's Centre does not approve of door-to-door
donation requests. Please utilize your personal and professional contacts
for donation requests**