



## Ywalk4Women&Girls Pledge Form

Last Name:  
Address:  
Postal Code:

First Name:  
City:  
Phone No.:

Sponsor Name	Mailing Address (need for tax receipt)	Email (need for tax receipt)	Payment Type	Tax Receipt (Min. \$20 Donation)	Credit Card # (all 16 digits)	Expiry	Amount
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
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			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$

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