

# 2017 Pledge Form

# Lymphedema Charity Walk

Association of Ontario

## Participant Information (one participant per form)

Name \_\_\_\_\_ Team Name \_\_\_\_\_ City \_\_\_\_\_  
 Address \_\_\_\_\_ Province Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

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10	Name of Donor _____ Telephone _____ Email _____	PLEDGE \$
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Tax receipts will be issued for donations of \$20.00 or more. Officially registered as Lymphovenous Association of Ontario # 87165 5049 RR0001

Make cheques payable to the **Lymphedema Association of Ontario**  
 3044 Bloor St. W., Suite 299, Toronto, ON M8X 2Y8 Canada

**TOTAL donations for this page:** \_\_\_\_\_

**TOTAL for all pages:** \_\_\_\_\_

If you need more forms, please photocopy this one. Page \_\_\_\_\_ of \_\_\_\_\_

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<https://www.canadahelps.org/en/charities/lymphedema-association-of-ontario/LAO-Walk-2017>