Advokate Life & Education Services

1st Annual Virtual Walk For Life



Saturday June 6, 2020

Walk Starts: 12:30 Location: This is a remote event, so walk at your favourite park, or from your door.

Rain or Shine!

Purpose: To Walk or Run in Solidarity with Hundreds across the Province to Support Vulnerable Women and Children in your Community.

| Walker/Runner Information: Name: | | | | | | | |
|--|--|---|---|-----------------|--|--|--|
| | Email: | | | | | | |
| | City: | | | | | | |
| School Name | G | rade: | | | | | |
| | Amount Submitted: S | | | | | | |
| or run 5k or 10k. 2. PARTICIPATION IS FREE fo (no initials), full address, and 3. Return the PLEDGE FORM v | want to use this form: on social media, call or email your for participants. To receive a tax receipt the donated amount. All cheques slivith the pledge money to the ADVOKA 1 Fraser Highway in Langley or at #11 | ot, fill out the pledge portion ould be made payable to ATE/Hope for Women office | on of this form dvokate. #2-32700 Geo | with full names | | | |
| | YOU CAN ALSO FUNDR create your own fundraising tax receiptable donation righ | | mily can spo ed page. | onsor you by | | | |
| PLEDGE FORM: Please | e print clearly. All donation | s of \$10.00 and ove | r are receip | otable. | | | |
| Full Name: | Phone #: | Paid? □ Yes | Pledge: \$ | □ Chq / □ Cash | | | |
| Address: | City: | Province: | Postal Code: | | | | |
| Full Name: | Phone #: | Paid? □ Yes | Pledge: \$ | □ Chq / □ Cash | | | |
| Address: | City: | Province: | Postal Code: | | | | |
| Full Name: | Phone #: | Paid? □ Yes | Pledge: \$ | □ Chq / □ Cash | | | |
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| Address: | City: | Province: | Postal Code: | | | | |
| Full Name: | Phone #: | Paid? □ Yes | Pledge: \$ | □ Chq / □ Cash | | | |
| Address: | City | Drovinga | Postal Code: | | | | |

MORE PLEDGES ON OTHER SIDE (more pledge forms available at our office or download at walkforlife.ca)

| Full Name: | Phone #: | Paid? □ Yes | Pledge: \$ | □ Chq / □ Cash |
|------------|----------|-------------|--------------|--------------------------|
| Address: | City: | Province: | Postal Code: | |
| Full Name: | Phone #: | Paid? □ Yes | Pledge: \$ | □ Chq / □ Cash |
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Thank you for supporting the 2020 Walk for Life!