Advokate Life & Education Services Annual

SATURDAY MAY 28, 2022



AT LHEIDLI T'ENNEH MEMORIAL PARK

(Pavillion/playground) OR virtually from wherever you are! Rain or shine!

Purpose: To walk/run in solidarity with hundreds across the province to support vulnerable women and children in your community.

Walker/Runner Information: Name:_____

Phone:	Email:			
Address:	City:_	Post	Postal Code:	
Student: yes / no School Name:		Grade:		
Parent/Guardian Name(s):				
Instructions to Participants who was	nt to use this form:			
1. Get the word out! Start sharing of walk/run 5k or 10k.	on social media, call or email yo	our friends and family to ask	them to sponso	r you as you
2. PARTICIPATION IS FREE To a full address, and donated amou	_		n with full nam	nes (no initials),
3. Return the PLEDGE FORM and	•	<u> </u>	0 15th Ave., Pri	nce George
Visit walkforlife.ca to create y tax r PLEDGE FORM: Please print	receiptable donation right on	your individualized page.	•	iaking a
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
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
Address:	City:	Province:	Postal Code:	

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

Contact us at info@advokate.ca to receive a free Walk for Life T-Shirt!

Full Name:	Phone #:	Paid? □ Yes	Pledge: \$	\Box Chq / \Box Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? □ Yes	Pledge: \$	\Box Chq / \Box Cash
Address:	City:	Province:	Postal Code:	
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	City.	Province:	Postal Code:	
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Full Name: Address:	•			□ Chq / □ Cash
	Phone #:	Paid? □ Yes	Pledge: \$	□ Chq / □ Cash □ Chq / □ Cash
Address:	Phone #: City:	Paid? □ Yes Province:	Pledge: \$ Postal Code:	-
Address: Full Name:	Phone #: City: Phone #:	Paid? □ Yes Province: Paid? □ Yes	Pledge: \$ Postal Code: Pledge: \$	-



Thank you for bringing HOPE to vulnerable women & families. #WalkForLifeBC2022