



Saturday June 7, 2025
****VIRTUAL****
Register & Fundraise Online at
walkforlife.ca



Scan QR Code to donate online!
Advokate will issue charitable tax receipts for all
donations \$10 or more.

Please print clearly.

PARTICIPANT INFORMATION

NAME: _____
 ADDRESS: _____
 CITY: _____ POSTAL CODE: _____
 EMAIL: _____
 PHONE NUMBER: _____

STUDENT INFORMATION (if applicable)
 Want a chance to win one of the top student prizes?
 Students must register separately from their families!

SCHOOL: _____
 GRADE: _____
 PARENT/GAURDIAN NAME: _____

Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	

IMPORTANT INFORMATION

- **ALL participants must register as a walker**, even if you aren't fundraising online. You can register online at walkforlife.ca, email info@advokate.ca or call us at 604-852-4623 x26.
- **All cheques should be made payable to Advokate.**
- **Need more pledge forms?** Visit walkforlife.ca to download.
- **Please return the pledge form with donations by June 6** Hope For Women 112 - 1600 15th Ave., Prince George, BC V2L 3X3

Advokate Life & Education Services Walk For Life

Please print clearly. Advokate will issue charitable tax receipts for all donations \$10 or more.

Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	
Full Name:	Phone #:	Paid? <input type="checkbox"/> Yes	Pledge: \$	<input type="checkbox"/> Chq / <input type="checkbox"/> Cash
Address:	City:	Province:	Postal Code:	



THANK YOU FOR PUTTING HOPE IN ACTION!

