For use on the day of the walk. **(Please print clearly)** Tax receipts will be issued for amounts $10.00 and over (or as requested) only if all pledge information is complete. **Bring all your pledge money with you on the day of the event to receive pledge awards.**

CNIB The Canadian National Institute for the Blind

Runner / Walker's Name (First / Last)

Address | City / Prov | P.C.

Work Tel | Home Tel

Team/Company Name | Team Captain Name

PLEASE PRINT CLEARLY. Photocopy for personal use and additional sponsors.
PLEASE MAKE ALL CHEQUES PAYABLE TO CNIB.

			Total Pledged	Total Collected
Sponsor's Name (First / Last)				
Address	City / Prov	P.C.		
Work Tel	Home Tel			
❒ Cash ❒ Cheque ❒ MC ❒ Visa Credit Card No.		Expiry Date:		
Sponsor's Name (First / Last)				
Address	City / Prov	P.C.		
Work Tel	Home Tel			
❒ Cash ❒ Cheque ❒ MC ❒ Visa Credit Card No.		Expiry Date:		
Sponsor's Name (First / Last)				
Address	City / Prov	P.C.		
Work Tel	Home Tel			
❒ Cash ❒ Cheque ❒ MC ❒ Visa Credit Card No.		Expiry Date:		
Sponsor's Name (First / Last)				
Address	City / Prov	P.C.		
Work Tel	Home Tel			
❒ Cash ❒ Cheque ❒ MC ❒ Visa Credit Card No.		Expiry Date:		
Sponsor's Name (First / Last)				
Address	City / Prov	P.C.		
Work Tel	Home Tel			
❒ Cash ❒ Cheque ❒ MC ❒ Visa Credit Card No.		Expiry Date:		
❒ I would like to pay my sponsor's pledges in full by: ❒ Cash ❒ Cheque ❒ MC ❒ Visa				

Credit Card No. Expiry Date: Signature:

Date: **Amount Paid:** **Cash:** **No. of Cheques**

Office Use Only

Batch **Date:** **Amount Received:** **Balance Outstanding**