Canadian Celiac Association

Manitoba Chapter Walk-A-Thon

June 3, 2017

Name: _____ Phone: _____

Address: _____ Postal Code: _____

Email: _____

I am participating in the Canadian Celiac Association Walk-A-Thon. All proceeds will help fund research and educational programs. Please make cheques payable to the CCA Manitoba Chapter. Tax receipts will be issued for pledges of **$20.00** or more. To ensure an accurate receipt we ask that you **print clearly**.

Thank you for your Support!

Name of Sponsor	Address	Postal Code	Pledge

Participants: Please collect all funds as you obtain pledges. Keep a copy of your pledge form for your records. Honorary walkers please mail your pledge form by June 3, 2017 to the CCA Manitoba Chapter, 204-825 Sherbrook Street, Winnipeg, Manitoba R3A 1M5 (cheques only please, no cash in the mail).

All participants will be required to sign a waiver form at the registration table prior to the walk-a-thon.

Charitable Registration Number **118829944 RR 0001**

PLEASE PRINT CLEARLY

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