

Name of Walker: \_\_\_\_\_ Phone: \_\_\_\_\_



**interMISSION Walk Sponsor Form**

Receipts will be given for donations of \$20.00 or more **if requested**  
 Make cheques payable to Atlantic Baptist Women

**Designate to:**  
 "Kamp Tumaini, Rwanda"

If donations exceed the need for this project funds will be given to other ABW projects.

<input checked="" type="checkbox"/> IF RECEIPT REQUESTED NAME OF SPONSOR	<input checked="" type="checkbox"/>	ADDRESS PLEASE PRINT CLEARLY	POSTAL CODE	PHONE NUMBER	FILL IN \$ AMOUNT
1.					\$
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Total amount from sponsors: \$ \_\_\_\_\_

Name of walker: \_\_\_\_\_ Phone: \_\_\_\_\_

<input checked="" type="checkbox"/> IF RECEIPT REQUESTED  NAME OF SPONSOR	<input checked="" type="checkbox"/>	ADDRESS  PLEASE PRINT CLEARLY	POSTAL CODE	PHONE NUMBER	FILL IN \$ AMOUNT
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total amount from sponsors: \$ \_\_\_\_\_