



Name of Walker: _____ Phone: _____

interMISSION 2023 Walkathon Sponsor Form

Receipts will be given for donations of \$20.00 or more **if requested and name and address are provided.**

Make cheques payable to **Atlantic Baptist Women.**

Please email abwtreasurer@hotmail.com for mailing address. E-transfer details available through DONATE button at atlanticbaptistwomen.ca

Designate to: "Health and Mentorship for Girls"

<input checked="" type="checkbox"/> IF RECEIPT REQUESTED	<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: \$ _____