

Name of
Walker: _____

Phone: _____



interMISSION 2026 Walk Sponsor Form

Receipts will be given for donations of \$20.00 or more

if requested and name and email/ mailing address are provided.

Visit our website for more information on our charitable status

Please submit donations by **May 18.**

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: ABW Walks! 2026

*Check Box to request receipt

Name	*	Email or mailing address (please print)	Postal Code	Phone Number	Donation Amount
1.	<input type="checkbox"/>				
2.	<input type="checkbox"/>				
3.	<input type="checkbox"/>				
4.	<input type="checkbox"/>				
5.	<input type="checkbox"/>				
6.	<input type="checkbox"/>				
7.	<input type="checkbox"/>				
8.	<input type="checkbox"/>				

Total amount from sponsors: \$ _____

*Check Box to request receipt

Name	*	Email or mailing address (please print)	Postal Code	Phone Number	Donation Amount
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Total amount from sponsors: \$ _____