

Name of Walker: _____ Phone: _____



ABW Walks! 2024 Sponsor Form

Receipts will be given for donations of \$20.00 or more **if requested and name and address are provided.** Please submit donations by **May 17.**

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! 2024 - VBS"

<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					
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17					
18					
19					
20					

Total amount from sponsors: \$ _____