



Name: _____
Address: _____
Phone: _____
Email: _____

PARTICIPANTS

Thank you for supporting the Canadian Mental Health Association. Please submit your pledge sheets and collected donations to the Canadian Mental Health Association staff or volunteers at the registration desk when you arrive for your registered walk/run.

SUPPORTERS

Thank you for supporting the Canadian Mental Health Association. ALL DONATIONS MADE WILL GO TO mental health services and programs for Islanders. A tax receipt will be issued for the full amount of your donation. Please make cheques payable to **CANADIAN MENTAL HEALTH ASSOCIATION PEI**. To receive an e-receipt, please include your email address.

Name: _____ Tel: _____ <small>Full address required for tax receipt</small>	Amount Collected	Payment Type (circle)
Apt: _____ Street: _____ City/Town: _____		Cash
Postal Code: _____ Email: _____		Cheque
Name: _____ Tel: _____ <small>Full address required for tax receipt</small>	Amount Collected	Payment Type (circle)
Apt: _____ Street: _____ City/Town: _____		Cash
Postal Code: _____ Email: _____		Cheque
Name: _____ Tel: _____ <small>Full address required for tax receipt</small>	Amount Collected	Payment Type (circle)
Apt: _____ Street: _____ City/Town: _____		Cash
Postal Code: _____ Email: _____		Cheque

Name: _____ Tel: _____		Amount Collected	Payment Type (circle) Cash Cheque
Full address required for tax receipt			
Apt: _____ Street: _____ City/Town: _____			
Postal Code: _____ Email: _____			
Name: _____ Tel: _____		Amount Collected	Payment Type (circle) Cash Cheque
Full address required for tax receipt			
Apt: _____ Street: _____ City/Town: _____			
Postal Code: _____ Email: _____			
Name: _____ Tel: _____		Amount Collected	Payment Type (circle) Cash Cheque
Full address required for tax receipt			
Apt: _____ Street: _____ City/Town: _____			
Postal Code: _____ Email: _____			
Name: _____ Tel: _____		Amount Collected	Payment Type (circle) Cash Cheque
Full address required for tax receipt			
Apt: _____ Street: _____ City/Town: _____			
Postal Code: _____ Email: _____			
Name: _____ Tel: _____		Amount Collected	Payment Type (circle) Cash Cheque
Full address required for tax receipt			
Apt: _____ Street: _____ City/Town: _____			
Postal Code: _____ Email: _____			