



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: _____		Amount Collected	Payment Type (circle)
Full address required for tax receipt			
Apt: _____ Street: _____ City/Town: _____			
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