The Shawnigan Lake Walk

4th Annual

Saturday, May 24, 2008
Pledge Form

hosted by
Cowichan Family Caregivers Support Society

Communities Supporting Caregiving Families

PARTICIPANT NAME _____ **PHONE** _____

NAME (please print clearly)	EMAIL ADDRESS (mailing address if no email address available)	PHONE	PLEDGE $	PAID

TAX RECEIPTS available for pledges of $15 or more. Please fill in this form and return it together with your PLEDGE MONEY at the Registration Table at the Walk.

All funds raised support caregiving families in our communities.

We sincerely thank you for your participation!

phone (250) **743-7621**
www.theshawniganlakewalk.com

TOTAL PLEDGES **$**