



Life's a Conversation.

TALK, WALK 'N ROLL Pledge Sheet

Your Name: _____ **Phone:** _____

Address (Street, City, Postal Code): _____

Email: _____

*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$
*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$
*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$
*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$

APHASIA INSTITUTE The Pat Arato Aphasia Institute
73 Scarsdale Road, Toronto, ON M3B 2R2

Total pledges on this sheet \$

Please make all **donations to the Aphasia Institute** and return this **pledge form** and **all funds to the APHASIA INSTITUTE**.

***These fields** are necessary to be issued a **tax receipt** for donations of **\$20 or more**.

Please turn over

*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$

*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$

*Name:	*Address (Street, City, Postal Code):	
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*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$

*Name:	*Address (Street, City, Postal Code):	
Phone:		Pledge
Email:		\$

TOTAL PLEDGES \$