



Talk, Walk 'N Roll fundraising sheet

Your Name: _____

Phone: _____

Address (Street, City, Postal Code): _____

Email : _____

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

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

Total pledges on this sheet	\$
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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

Continuation

*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:		\$

*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:		\$

TOTAL PLEDGES \$