



Talk, Walk 'N Roll Pledge Sheet for Fundraising

TWR Event Date: Saturday June 6, 2026

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

Total pledges on this sheet	\$
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APHASIA INSTITUTE The Pat Arato Aphasia Institute
73 Scarsdale Road, Toronto, ON M3B 2R2

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:		\$

TOTAL PLEDGES \$