

THE BEACH WALK PLEDGE FORM SEPTEMBER 28 2003



Name _____
 Address _____
 City _____
 Postal Code _____
 Phone _____
 Email _____

Please remember, the minimum fundraising goal is \$100 per participant.
 Pledges must be collected and submitted on or before Sunday Sept. 28th 2003.

Your sponsors' contact information

First Name	Last Name	Area Code	Phone
())			
Address	City	Prov	Postal Code

First Name	Last Name	Area Code	Phone
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Address	City	Prov	Postal Code

First Name	Last Name	Area Code	Phone
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First Name	Last Name	Area Code	Phone
())			
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First Name	Last Name	Area Code	Phone
())			
Address	City	Prov	Postal Code

Beach Walk
 3135 Benbow Rd
 West Vancouver BC
 V7V 3E1
 email: elaine@elaineandrews.com
 Phone 604 925 1175 Fax 604 913 2415
 web: <http://www.thebeachwalk.com>

Please make cheques payable to:
 The Kidney Foundation, BC Chapter.
 A Tax Receipt will be issued for pledges of
 \$15 or more and only for legible
 addresses that include postal codes.
 CHARITABLE REGISTRATION # 107567398RR0001

Amount Pledged

\$20 \$35 \$50
 OR
 \$ _____ . _____

\$20 \$35 \$50
 OR
 \$ _____ . _____

\$20 \$35 \$50
 OR
 \$ _____ . _____

\$20 \$35 \$50
 OR
 \$ _____ . _____

\$20 \$35 \$50
 OR
 \$ _____ . _____

Credit Card Information

Credit Card Number _____
 Name on Card _____
 MC AE VISA Expiry MM/YY

Credit Card Number _____
 Name on Card _____
 MC AE VISA Expiry MM/YY

Credit Card Number _____
 Name on Card _____
 MC AE VISA Expiry MM/YY

Credit Card Number _____
 Name on Card _____
 MC AE VISA Expiry MM/YY

Credit Card Number _____
 Name on Card _____
 MC AE VISA Expiry MM/YY

Total Cash	_____	Total \$ this page	_____
Total CC	_____		
Total Cheques	_____	Total # of pages	_____
Grand Total	_____		

