

Name of

Walker: _____ Phone: _____



interMISSION 2025 Walk Sponsor Form

Receipts will be given for donations of \$20.00 or more **if requested and name and address are provided.** Please submit donations by **May 19.**

Make cheques payable to **Atlantic Baptist Women.**

Please email abwtreasurer@hotmail.com for mailing address. E-transfer details available through DONATE button at atlanticbaptistwomen.ca

Designate to: ABW Walks! Support Lebanon

*Check Box to request receipt

Name	*	Address (Print Clearly)	Postal Code	Phone Number	Donation Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Total amount from sponsors: \$ _____

*Check Box to request receipt

Name	*	Address (Print Clearly)	Postal Code	Phone Number	Donation Amount
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Total amount from sponsors: \$ _____