



IMPORTANT DONOR INFORMATION:

- Please remember to print clearly.
- Tax receipts will be issued for donations of \$10 or more.
- Tax receipts will only be issued if the address is completed in full and is legible.
- If an email address is provided with your physical address, a tax receipt will be sent by email.
- Return your pledge forms to a QEII Foundation office or by mail no later than October 31st, 2019.

MAIL TO:

QEII Foundation
5657 Spring Garden Road
Park Lane Mall, Suite 3005
Halifax, Nova Scotia
B3J 3R4

Charitable Business No:
88646 3496 RR001

STRIDES FOR OBESITY

PLEDGE FORM 2019

PARTICIPANT INFORMATION

This pledge form is for tracking offline donations only.

First Name	Last Name	Preferred Telephone #
Apt.#	Address	City
Province	Postal Code	
Email	Team Name (If Applicable)	

We want to learn more about who our Walk supporters are. This information is for data collection purposes only.

AGE 12 & Under ☐ 13-18 ☐ 19-34 ☐ 35-64 ☐ 65+ ☐

How did you hear about this event? _____

Privacy Statement: The information you have provided to us will be used to process your donations and to provide each donor with a tax receipt. From time to time, we may use your contact information to keep you informed of other activities, events and/or fundraising opportunities in support of the Halifax Obesity Network events.

☐ Continue to contact me about the walk. ☐ If you do not want to receive ongoing communication, kindly check here.



Who are you walking for?

Have a story you want to share? We'd love to hear it! Strides for Obesity is a safe platform for your story to heard. Sharing stories can help spread awareness on current stigma surrounding obesity while inspiring others to take a stand for change. Email us at stridesforobesity@gmail.com

First/Last:	Address:	In-person Payment Option: <input type="checkbox"/> Cash (please do not mail the cash! We don't want it to get lost in the mail)
Email:	City Prov Postal code	Mail Payment Option: <input type="checkbox"/> Cheque (payable to: "Strides for Obesity Walk")
Phone:	Pledge Amount: \$	

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