



Participant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

# Pledge Form

## at Burgoyne Woods

70 Edgedale Road, St. Catharines, ON

Walk or run: 1k, 3k, 6k, or 9k

**Registration: 9:00am runners**

**Run Begins: 10:00am**

**10:00am walkers**

**Walk begins: 11:00am**

Please collect all pledges in advance. Cheques can be made payable to the Lincoln County Humane Society.

|    | Sponsor's Name | Address/City | Postal Code | Phone | Donation Amount | Donation Received |
|----|----------------|--------------|-------------|-------|-----------------|-------------------|
| 1  |                |              |             |       |                 |                   |
| 2  |                |              |             |       |                 |                   |
| 3  |                |              |             |       |                 |                   |
| 4  |                |              |             |       |                 |                   |
| 5  |                |              |             |       |                 |                   |
| 6  |                |              |             |       |                 |                   |
| 7  |                |              |             |       |                 |                   |
| 8  |                |              |             |       |                 |                   |
| 9  |                |              |             |       |                 |                   |
| 10 |                |              |             |       |                 |                   |
| 11 |                |              |             |       |                 |                   |
| 12 |                |              |             |       |                 |                   |
| 13 |                |              |             |       |                 |                   |
| 14 |                |              |             |       |                 |                   |
| 15 |                |              |             |       |                 |                   |
| 16 |                |              |             |       |                 |                   |
| 17 |                |              |             |       |                 |                   |
| 18 |                |              |             |       |                 |                   |
| 19 |                |              |             |       |                 |                   |
| 20 |                |              |             |       |                 |                   |

Tax receipts are issued for all donations \$20 and over

Total Donations \$ \_\_\_\_\_

**For more information email: [mharder@lchs.ca](mailto:mharder@lchs.ca)**

### Release Statement

I, \_\_\_\_\_, release the Lincoln County Humane Society, their volunteers, staff and sponsors from any claims or liability resulting from my participation in this event.

Signed, \_\_\_\_\_ Date: \_\_\_\_\_