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Participant Name: _____ Phone: _____ Email: _____

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All donations of \$15 or more are tax deductible.

TO ENSURE TAX RECEIPT: Please print clearly; provide donor name and complete address, including postal code.

I am participating on Sunday, October 15, 2017 Walk in Support of Sjögren’s Syndrome in Paris, ON

I am participating in: 1km 2.5 km Individual Member of Team: _____

PAID

First Name Last Name Address, City & Prov Postal Code Phone Email Donation CASH, CHEQUE, CREDIT CARD, CANADA HELPS

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TOTAL							