PLEDGE FORM | JUNE 14TH 2025 Please print your full name and team name (if applicable)



WALKER / RUNNER NAME: _____

TEAM NAME: _____

Kemp Care Network

FIRST AND LAST NAME	STREET ADDRESS	POSTAL / CITY	EMAIL	PLEDGE AMOUNT (\$) (INDICATE CASH OR CHQ)

Tax Receipt will be issued for donation of \$20 or more. All above information MUST be filled out for the donor to receive a Tax Receipt.