



Active For Autism Walk 2018
CORNER BROOK

By participating in Active for Autism I hereby acknowledge that any risk or injury is entirely voluntary and I grant permission to ASNL to use any photos taken at this event

TEAM NAME:			
Name:		Mailing Address:	
City:		Postal Code:	
Email Address:		Phone:	
Name:	Tel:	Email:	Pledge:
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THANK YOU FOR YOUR SUPPORT

TOTAL AMOUNT RECEIVED

\$ _____

Tax Receipts will be sent via email.

For tax-receipting purposes, an email address and a complete mailing address are required. Make cheques payable to ASNL. Donations \$20 and over will receive a charitable tax receipt.

Tel: 709-722-2803 | Fax: 709-722-4926 | E: info@autism.nf.net