



Aphasia Centre of Ottawa Pledge Form

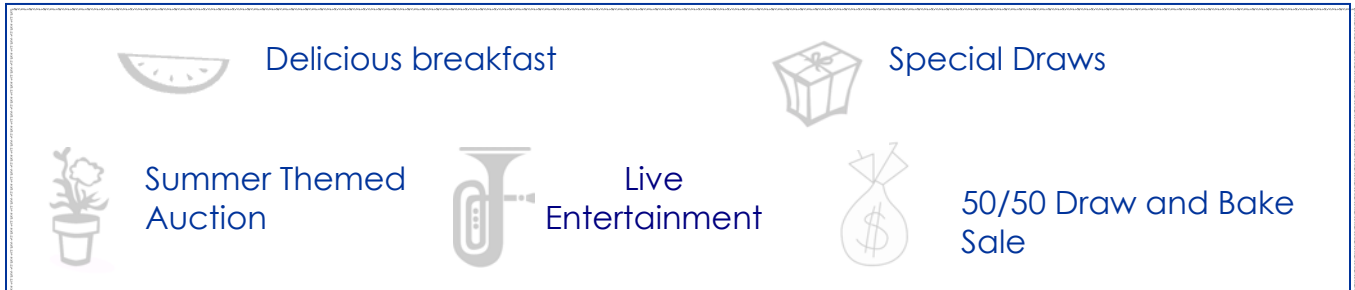
11th Annual Walk and Talk for Aphasia

Sunday, June 4, 2006

10:00 a.m. – 12:00 p.m.

at the

Ron Kolbus Lakeside Centre in Britannia Park



Participant's Name: _____

Address: _____ Postal Code: _____ Province: _____

City: _____ Phone: _____

Please **PRINT** and **CLEARLY INDICATE** name to be used on tax receipt.
Tax receipts for **\$20 or more** will be issued on request.

Donor's Name	Address	Postal Code	Donation	Receipt
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			Total Collected	\$

Thank you for your support.

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