

\*\*\* WALK-A-THON 2020 / 2021 \*\*\*

**Peoples Christian Academy**

- Please print neatly in **BLOCK** capital letters.
- Donations of \$30 or more may be split between more than one student.
- **In order to credit students accurately for money raised, please submit a separate cheque for each child (payable to 'PCA'), if you have two or more children involved.**
- Full name and address including apartment/unit number, postal code, phone number, and/or email are required for a receipt.
- Thank you for your support of Peoples Christian Academy

<b>STUDENT NAME:</b>	<b>GRADE (e.g. 4A)</b>
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<b>1</b>	Miss / Mrs. / Mr.                      First Name                      Sponsor's Last Name		Payment Received		
	Apt./Unit #, Street				Amount \$
	City	Postal Code	Phone	Email	Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>2</b>	Miss / Mrs. / Mr.                      First Name                      Sponsor's Last Name		Payment Received		
	Apt./Unit #, Street				Amount \$
	City	Postal Code	Phone	Email	Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3</b>	Miss / Mrs. / Mr.                      First Name                      Sponsor's Last Name		Payment Received		
	Apt./Unit #, Street				Amount \$
	City	Postal Code	Phone	Email	Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>4</b>	Miss / Mrs. / Mr.                      First Name                      Sponsor's Last Name		Payment Received		
	Apt./Unit #, Street				Amount \$
	City	Postal Code	Phone	Email	Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>5</b>	Miss / Mrs. / Mr.                      First Name                      Sponsor's Last Name		Payment Received		
	Apt./Unit #, Street				Amount \$
	City	Postal Code	Phone	Email	Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

6	Miss / Mrs. / Mr.		First Name	Sponsor's Last Name		Payment Received
	Apt./Unit #, Street					Amount \$
	City	Postal Code	Phone	Email		Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

7	Miss / Mrs. / Mr.		First Name	Sponsor's Last Name		Payment Received
	Apt./Unit #, Street					Amount \$
	City	Postal Code	Phone	Email		Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

8	Miss / Mrs. / Mr.		First Name	Sponsor's Last Name		Payment Received
	Apt./Unit #, Street					Amount \$
	City	Postal Code	Phone	Email		Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

9	Miss / Mrs. / Mr.		First Name	Sponsor's Last Name		Payment Received
	Apt./Unit #, Street					Amount \$
	City	Postal Code	Phone	Email		Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

10	Miss / Mrs. / Mr.		First Name	Sponsor's Last Name		Payment Received
	Apt./Unit #, Street					Amount \$
	City	Postal Code	Phone	Email		Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>

11	Miss / Mrs. / Mr.		First Name	Sponsor's Last Name		Payment Received
	Apt./Unit #, Street					Amount \$
	City	Postal Code	Phone	Email		Tax Receipt Required Yes <input type="checkbox"/> No <input type="checkbox"/>