

Walk a Mile in Their Shoes Pledge Form

Last Name:		First Name:	Team Name (optional)		optional)		
		ng Stones Crisis Society. Please make or more, if requested. *NOTE: If name,					
First Name	Last name	Address/City or email	Postal Code	Phone	Pledge\$	Pd.	Tax Receipt Y/N?
Total on this Sheet							



We appreciate your support of the Walk a Mile in Her Shoes Event. We treat your personal information with respect. The information you provide will be used to provide tax receipts and to keep you informed of the other events in support of Stepping Stones Crisis Society. If you wish to be removed from this list, please simply call or e-mail.

Pledges accepted online (Credit Card) via the QR Code! Please select "Walk a Mile" in the drop-down, and "Dedicate" your pledge to the Walker so we can tally the total for each Walker!

SSCS Contact: events@SteppingStonesSociety.ca or 780-201-4937