



Pledge Form

www.walkforcourage.com

I, _____ am Walking for Courage on July 19th, 2025

Address: _____ City: _____ Postal: _____ Email: _____ Phone: _____

My Goal is \$ _____

*** PLEASE PRINT CLEARLY * PLEASE PRINT CLEARLY * PLEASE PRINT CLEARLY ***

1	Name:	Address:	City:	Postal Code:	
	Phone #:	Email:	Tax Rcpt:	Y/N	Cash or Cheque
2	Name:	Address:	City:	Postal Code:	
	Phone #:	Email:	Tax Rcpt:	Y/N	Cash or Cheque
3	Name:	Address:	City:	Postal Code:	
	Phone #:	Email:	Tax Rcpt:	Y/N	Cash or Cheque
4	Name:	Address:	City:	Postal Code:	
	Phone #:	Email:	Tax Rcpt:	Y/N	Cash or Cheque
5	Name:	Address:	City:	Postal Code:	
	Phone #:	Email:	Tax Rcpt:	Y/N	Cash or Cheque

Please make cheques payable to **“CMHA Grey Bruce”** with **“Walk for Courage”** in the notes section.



**Canadian Mental
Health Association**
Grey Bruce
Mental Health and Addiction Services

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