Walk for Parish Nursing – 2025 Pledge Form for _____ *(Participant)* **From:** _____ *(Church/Organization)*

Name	Email	Address	Postal Code	Amount Pledged	Amount Collected

Please make cheques payable to **CAPNM Walk 2025 or E-transfer to** capnm.secretary@gmail.com
Receipts will be issued for donations of $20 or more.

Funds will support the work of **CAPNM**

For more information or to get involved please contact the Fundraising Chair, Faye Brekelmans at fayebrekelmans@gmail.com