

Annual Sharon Power Memorial Psoriasis Walk

Sunday, October 22, 2017

First Name: _____ Last Name: _____

(Optional) Team Name: _____

Dear Potential Sponsor:

I am participating in the Psoriasis Society of NL's Sharon Power Memorial Psoriasis Walk. All proceeds will help fund programs for outreach, education and support of psoriasis sufferers across the Province. You can sponsor me for any amount you are able to contribute. Please make pledge cheques payable to The Psoriasis Society of Newfoundland Labrador. All contributions over \$20.00 are tax-deductible.

Thank you for your support!

Name/Address of Sponsor	Pledge	Tax Receipt	Amount Collected from Sponsor	Business Matching Pledge Amount

Participants:

Please note that collecting sponsors for the Walk is option. We encourage all to come out and participate!

Please bring this form to the registration table between 2:00 PM and 2:30 PM on the day of the Psoriasis Walk, Sunday, October 22, 2017 at St. Theresa's Parish Hall.