

Fun 5 km Run or 2.5 km Walk

SPONSORSHIP FORM

Cheques must be made payable to IPAC Canada. Each sponsor will receive an individual receipt.
Please make sure all names and addresses are complete and correct.

PLEASE PRINT

Pledge \$

Rcv'd ✓

1. Name:	Telephone:		
Address:	City: Postal Code:		
2. Name:	Telephone:		
Address:	City: Postal Code:		
3. Name:	Telephone:		
Address:	City: Postal Code:		
4. Name:	Telephone:		
Address:	City: Postal Code:		
5. Name:	Telephone:		
Address:	City: Postal Code:		
6. Name:	Telephone:		
Address:	City: Postal Code:		
7. Name:	Telephone:		
Address:	City: Postal Code:		
8. Name:	Telephone:		
Address:	City: Postal Code:		
9. Name:	Telephone:		
Address:	City: Postal Code:		
10. Name:	Telephone:		
Address:	City: Postal Code:		
11. Name:	Telephone:		
Address:	City: Postal Code:		
12. Name:	Telephone:		
Address:	City: Postal Code:		
TOTAL SPONSORSHIP COLLECTED			

Name of Runner/Walker: _____

Telephone: _____

Infection Prevention and Control Canada
Prévention et contrôle des infections Canada
PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3
Telephone: 1.204.897.5990 or 1.866.999.7111
Fax: 1.204.895.9595 / Email: info@ipac-canada.org

IPAC Canada Charitable # 11883 3201 RR0001

Thank you for your support!