

# PLEDGE FORM



PRESENTED BY

ESSEX BABY STEPS WALK TO REMEMBER

# BABY STEPS

ANNUAL PREGNANCY AND INFANT  
LOSS AWARENESS 5K/2.5K WALK



**PARTICIPANT INFORMATION (PLEASE PRINT)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## HELP US RAISE FUNDS FOR BABIES BREATH CANADA

**TOTAL**

AND WINDSOR REGIONAL PERINATAL DEPARTMENT.

VISIT US ON FACEBOOK @ [ESSEX BABY STEPS WALK TO REMEMBER](#) & ONLINE @ [www.essexbabystepswalktoremember.com](http://www.essexbabystepswalktoremember.com)

PLEASE BRING COMPLETED FORM AND SPONSOR DONATIONS THE DAY OF THE WALK