2017 Pledge Form

WALK for ALS

I am walking in honour of:

_____

My fundraising goal is:

_____

Participant's Name: Mr./Mrs./Ms._____

Address:_____ Apt.:_____

City:_____ Province:_____ Postal Code:_____

Email:_____ Tel.:_____

Team Name:_____

Walk City/Town:_____

Please print clearly - if we can't read it, we can't receipt it...

Please do not include any online donations on this form.

Title Mr./Ms./ etc.	Donor First & Last Name	Donor Mailing Address Street & Apt. #, Rural Route, City, Province	Postal Code	Telephone & Email	Circle one	Amount Received
				T E	Cheque Cash	
				T E	Cheque Cash	
				T E	Cheque Cash	
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Subtotal (this page only)	
Total donations - all pages	

Page: _____ of _____

WAIVER MUST BE SIGNED BY WALKER

In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless ALS Society of Canada, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly, or collectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 'WALK for ALS' in 2017, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name, photo and video in connection with this event, and to receive e-mail updates about events and programs.

_____ Signature of Participant

_____ Parent/Guardian if under 18 years of age

- *Please photocopy this form if you need extra copies or download more at www.walkforals.ca*
- *Make cheques payable to ALS Society of Saskatchewan*
- *Charitable Registration #11913 9616 RR0001*
- *Receipts will be issued for all donations of $20 or more unless requested*