

2017 Donation Form

WALKFORALS.CA



WALK Location: _____

I am WALKing in honour of: _____

My fundraising goal is: \$ _____

Last Name		First Name	
Address		City	Province
Postal Code	Phone #	Email	
Team Name (if applicable)		Captain's E-mail	
Team Captain			

DONOR INFORMATION					CHEQUE	CASH
Please print clearly on all sections of this form in order that donations get assigned to the correct person.						
	NAME OF DONOR: John Smith	TEL: 989-654-5321			\$60	
		EMAIL: js@als.ca				
	ADDRESS: 1234 Main Street	CITY: City	PROVINCE: AA	POSTAL CODE: A1B 2C3		
1	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
2	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
3	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
4	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
5	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
6	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
7	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
8	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
9	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		
10	NAME OF DONOR:	TEL:				
		EMAIL:				
	ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:		

Please do not include any online donations on this form.

- Please photocopy this form if you need extra copies
- Receipts will be issued for all donations of \$20 or more
- Collect the money when the donor contributes



2017 FUNDRAISING REWARDS

Participants who hit fundraising milestones can earn fabulous rewards! Check them out at www.walkforals.ca/find-a-walk/ontario/rewards

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, cooperating organizations and any other parties connected with this event in any way, singularly, 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