ALS SLA
ALS SOCIETY OF MANITOBA
LA SOCIETE MANITOBAINE DE LA SLA

WALK for ALS
MARCHE pour la SLA

PLEDGE FORM

WALKFORALS.CA

WINNIPEG 2018

Participant Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Telephone: _____

Are you the Team Captain? Y ☐ N ☐ Team Name: _____

I am walking in honour of:

_____

My fundraising goal is:

$ _____

DONOR INFORMATION

Please print clearly - If we can't read it, we can't receipt it!

Receipt Req'd	First Name	Last Name	Mailing Address # Street, City, Province	Postal Code	Telephone	Email	Amount Received
Y / N							
Y / N							
Y / N							
Y / N							
Y / N							
Y / N							
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Y / N							

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 the ALS Society of Canada and ALS Society of Manitoba, 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 2018, 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 email updates about upcoming events and programs.

_____ Signature of Participant

_____ Parent/Guardian if under 18 years

_____ Birth Year (if under 18 years)

- 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

Please make cheques payable to:
ALS SOCIETY OF MANITOBA
2A-1717 Dublin Ave, Winnipeg, Manitoba R3H 0H2
Charitable Registration Number: 120654421RR0001

Subtotal (this page only)	
Grand Total (all pages)	

Page: _____ Of: _____

Please do not include any online donations on this form