



with this event, and to receive email updates about upcoming events and programs.

Signature of Participant

Participant Name:	I am walking in honour of:			
Address:				
City:	Province: Postal Code:	My fundraising goal is:		
Email:	Telephone:			

2A-1717 Dublin Ave, Winnipeg, Manitoba R3H 0H2

Charitable Registration Number: 120654421RR0001

## 2017 PLEDGE FORM WALKFORALS.CA

DONOR INFORMATION			Please print clearly - If we can't read it, we can't receipt it!						
Receipt Req'd	First Name	Last Name	Donor Mailing Address # Street, Rural Route, City, Prov	vince Postal C	ode Telephone		Email	Amount Received	
Y/N									
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Y/N									
Y/N									
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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,  • Please photocopy this form if you need extra copies • Receipts will be issued for all donations of \$20 or more					Subtotal (this page only)				
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				Grand Total (all pages)					

Are you the Team Captain? Y N Team Name:\_