



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							
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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, 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.

- 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

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

Charitable Registration Number: 120654421RR0001

Please do not include any online donations on this form