



VIRTUAL 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) _____ TEAM CAPTAIN _____

ALL information must be completed for donors who want tax receipts.

DONOR INFORMATION Please print clearly on all sections of this form to ensure that donations are assigned to the correct person.

AMOUNT RECEIVED BY
CHEQUE CASH

	LAST NAME	FIRST NAME						
1	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						
2	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						
3	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						
4	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						
5	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						
6	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						
7	ADDRESS	CITY	PROVINCE	POSTAL CODE				
	PHONE #	EMAIL ADDRESS						
	LAST NAME	FIRST NAME						



MAILING YOUR DONATIONS | To submit pledge forms with cheques, please mail to:

ALS SOCIETY OF CANADA, 393 University Avenue, Suite 1701, Toronto, ON M5G 1E6.

Tax receipts will be mailed to eligible donors 3-4 weeks after processing. Receipts will be issued for all donations of \$20 or more. Please **do not** include any online donations on this form.

SUBTOTAL
(This page only)

GRAND TOTAL
(All donations)

PAGE ____ OF ____