



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					AMOUNT RECEIVED BY	
					CHEQUE	CASH
1	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
2	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
3	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
4	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
5	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
6	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
7	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
8	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
SUBTOTAL (This page only.)						
GRAND TOTAL (All donations.)						

Please do not include any online donations on this form.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

- Please photocopy this form if you need extra copies.
- Receipts will be issued for all donations of \$20 or more.

### 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 Manitoba and 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 to End ALS' in 2021, 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 \_\_\_\_\_