

Name \_\_\_\_\_ Phone \_\_\_\_\_  
first name last name work home

Address \_\_\_\_\_  
street apt# city province postal code

E-mail address \_\_\_\_\_  I do not wish to receive information from the Alzheimer Society

I am:  an individual walker  a team captain  a team member  male  female

Team Information Team name \_\_\_\_\_ Captain's name \_\_\_\_\_

**PLEASE READ THE FOLLOWING INSTRUCTIONS**

- Complete walker and pledge information and sign the waiver (a parent must sign for walkers under 18).
- Make cheques payable to your local Alzheimer Society.
- Provide full mailing address if you need a tax receipt.
- All online supporters will receive an e-tax receipt.
- Tax receipts will be mailed automatically for pledges of \$20 or more. Check box if receipt required for donations under \$20.

**PLEDGE INFORMATION (PLEASE PRINT CLEARLY)**

**DO NOT RECORD ONLINE  
 PLEDGES ON THIS FORM**

SUPPORTER'S NAME	MAILING ADDRESS <small>street, city/town, postal code</small>	E-MAIL	DAYTIME PHONE	AMOUNT PLEDGED	AMOUNT COLLECTED	RECEIPT REQ.
John Brown	1234 Main Street, Apt. 504 Anytown, ON XOX OXO	jb@email.com	123-451-2345	\$50	\$50	
1						
2						
3						
4						
5						
6						

**DO NOT RECORD ONLINE  
 PLEDGES ON THIS FORM**

SUPPORTER'S NAME	MAILING ADDRESS <small>street, city/town, postal code</small>	E-MAIL	DAYTIME PHONE	AMOUNT PLEGDED	AMOUNT COLLECTED	RECEIPT REQ.
7						
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**TOTAL SUBMITTED** (for THIS page) \$

**FROM**  **OF**

**TOTAL SUBMITTED** (for ALL pages) \$

FOR OFFICE USE ONLY	<b>TOTAL DONATIONS</b> \$ <input type="text"/>	<b>+</b>	<b>TOTAL ONLINE DONATIONS</b> \$ <input type="text"/>	<b>=</b>	<b>TOTAL SUBMITTED</b> (for ALL pages and online donations) \$ <input type="text"/>	FOR OFFICE USE ONLY
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