

Please fill out one form per person.



Name: _____

Age: 18+ 13-17 12 & under T-shirt (adult): XS S M L XL

Team Name: _____ Team Captain: _____

Address: _____

City/Town: _____ Postal code: _____

Phone (Home): _____ Phone (Bus.): _____

Email: _____ Fax: _____

Receipts

Tax receipts issued for pledges of \$15 or more
 Receipts will be mailed
 Instant tax receipts for online donors

My choice of gift card is:

I choose to donate my gift card back to the Alzheimer Society

Sobeys Walmart
 Shoppers Mall (Westman Walks Only)
 Gift cards are not donated

Waiver

In signing this release, I acknowledge that I hereby agree and absolve and hold harmless the Alzheimer Society of Manitoba and any and all other organizers, their personnel - whether volunteer or otherwise - 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 Alzheimer Society of Manitoba Memory Walk or any activities herewith. I hereby consent to and permit emergency treatment in the event of injury or illness. As part of this Waiver and Release, I acknowledge that I have read and understood all of the above.

Signature: _____ **Date:** _____

If under 18, signature of parent or guardian: _____

| Donor Information <i>(please print neatly)</i> | Pledge Amount | Office Use Only |
|---|----------------------------|-----------------|
| Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____ | \$ _____ | |
| Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____ | \$ _____ | |
| Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____ | \$ _____ | |
| Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____ | \$ _____ | |
| Please write a personal cheque to the "Alzheimer Society of Manitoba" for cash collected Please make ALL cheques payable to the "Alzheimer Society of Manitoba" Bring the cheque/s and your pledge form to the Walk This form may be photocopied | Page Sub-total \$ _____ | |

Donor Information *(please print neatly)*

Pledge
Amount

Office Use
Only

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Name: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

\$ _____

Please write a personal cheque to the "Alzheimer Society of Manitoba" for cash collected
 Please make ALL cheques payable to the "Alzheimer Society of Manitoba"
 Bring the cheque/s and your pledge form to the Walk
 This form may be photocopied

Page
Sub-total
\$ _____

Total
\$ _____