



Pledge Form

Please record cash & cheque pledges on this form.

Please register before you begin collecting pledges. See the five ways you can register below.

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Participant Information

Name: _____

Age: Under 12 13-18 19-34 35-64 65+

T-shirt (Adult): XS S M L XL XXL

Home Address: _____

City/Town: _____

Postal Code: _____

Home Ph: _____ Bus Ph: _____

Email: _____

Walk Information

Team Name: _____

Team Captain: _____

Walk Location (i.e. Winnipeg, Brandon, etc.): _____

Walk Date: _____

Pave the Way.
WALK WITH US!

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: _____	\$ _____	
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 1
Sub-total
\$ _____

Receipts

Tax receipts issued for pledges of \$15 or more.

Receipts will be mailed.

Instant tax receipts for online donors.

Gift Card Options:

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

Sobeys (*Gifts 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 Investors Group Walk for Alzheimer's 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: _____

Five ways to register

① Online: alzheimer.mb.ca/wfa2018 ② Email: local Alzheimer Society ③ Phone: local Alzheimer Society

④ Mail: local Alzheimer Society ⑤ Fax: local Alzheimer Society

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: _____	\$ _____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
	Page 2 Sub-total \$ _____	Total \$ _____

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Please make ALL cheques payable to the "Alzheimer Society of Manitoba"

Bring the cheque/s and your pledge form to the **Walk**

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