



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 on the next page.



Participant Information

Name: _____

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

Home Address: _____

City/Town: _____

Postal Code: _____

Home Ph: _____ Bus Ph: _____

Email: _____

Walk Information

Team Name: _____

Team Captain: _____

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: _____	\$ _____	

Write a personal cheque to the "Alzheimer Society of Manitoba" for cash collected.
 Make ALL cheques payable to the "Alzheimer Society of Manitoba".
 When you've completed your pledge drive, mail or drop off your cheque/s and your pledge form to the Alzheimer Society office at 10-120 Donald St. Winnipeg, MB R3C 4G2
 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.

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 IG Wealth Management 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/wfa2023
2 Email: alzmb@alzheimer.mb.ca
3 Phone: 204-943-6622
4 Mail: 10-120 Donald Street, Winnipeg, MB R3C 4G2
 5 Fax: 1-833-638-0760

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: _____	\$ _____	
	Page 2 Sub-total	Total
	\$ _____	\$ _____

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