



**WALK FOR
ALZHEIMER'S
MAKE MEMORIES
MATTER™**

Alzheimer Society

S A S K A T C H E W A N

Pledge Form

Team Name: _____ Team Captain: _____

WALK LOCATION: Saskatoon Swift Current Lloydminster Walk Where You Are

Participant Name: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone: _____

WAIVER: In signing this release, I understand that photos taken on event day may be used for promotional materials including but not limited to, social networking, brochures, posters, newsletters, print and digital communications of future walks. I acknowledge that I hereby agree and absolve and hold harmless the Alzheimer Society of Saskatchewan 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 Saskatchewan's 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, I acknowledge that I have read and understood all of the above.

Signature: _____ Date: _____

If under 18, signature of parent or guardian: _____

Age: <11 11-17 18-30 <31-40 <41-50 <51-60 60+ Female Male

Donations \$15.00 and over will be eligible for a tax receipt. Information MUST be legible to issue a tax receipt.

DO NOT MAIL CASH. PLEASE MAKE ALL CHEQUES PAYABLE TO THE ALZHEIMER SOCIETY OF SASKATCHEWAN.

Name: _____	Phone: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Donation \$ _____
Address: _____	City: _____	Province: _____	Postal Code: _____
Receipt Sent Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Email: _____		
Name: _____	Phone: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Donation \$ _____
Address: _____	City: _____	Province: _____	Postal Code: _____
Receipt Sent Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Email: _____		
Name: _____	Phone: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Donation \$ _____
Address: _____	City: _____	Province: _____	Postal Code: _____
Receipt Sent Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Email: _____		
Name: _____	Phone: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Donation \$ _____
Address: _____	City: _____	Province: _____	Postal Code: _____
Receipt Sent Via: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Email: _____		