

Individual Name: _____
 WALK Location: _____
 Team Name/Captain: _____
 Address: _____
 City/Province: _____ Postal Code: _____
 E-mail: _____ Tel.: _____ Bus.: _____

2010 PLEDGE FORM



Donor Name	Donor Mailing Address (# Street, Rural Route, City, Province)	Postal Code	Tel.	Amount Received	Cash or Cheque	Receipt ✓

WAIVER MUST BE SIGNED BY WALKER
 In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless ALS Society of Canada, ALS Society of the province in which I am participating in the WALK for ALS, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly, or collectively, 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 'WALK for ALS' in 2010, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and photo in connection with this event.

- Please photocopy this form if you need extras
- Make cheques payable to the ALS Society of New Brunswick
- Receipts will be issued for all donations of \$20 or more, unless requested
- Collect the money when the sponsor agrees to contribute
- Charitable Registration # 11878 6227 RR0001

Subtotal this page only	\$	Page
Grand Fundraising Total	\$	of

National Sponsor:



 Signature of Participant Parent/Guardian if under 18