2010 PLEDGE FORM

Individual Name: _____

WALK Location: _____

Team Name/Captain: _____

Address: _____

City/Province: _____ Postal Code: _____

E-mail: _____ Tel.:_____ Bus.: _____

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 Newfoundland & Labrador
- Receipts will be issued for all donations of $20 or more, unless requested
- Collect the money when the sponsor agrees to contribute
- Charitable Registration # 81313 6744 RR0001

Subtotal this page only	$	Page
Grand Fundraising Total	$	of

National Sponsor:

Canon

_____ Signature of Participant

_____ Parent/Guardian if under 18

We appreciate your support of "WALK for ALS". The information you provide will be used to provide tax receipts and local community updates.
For more information or if at any time you wish to be removed from our list, simply contact your provincial ALS Society.