2010 PLEDGE FORM

Individual Name: _____

WALK Location: _____

Team Name/Captain: _____

Address: _____

City/Province: _____ Postal Code: _____

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

WALK for ALS

www.walkforals.ca

Donor Name	Donor Mailing Address (# Street, Rural Route, City, Province)	Postal Code	Tel.	Amount Received	Cash or Cheque	Tax 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 Nova Scotia
- Receipts will be issued for all donations of $20 or more, unless requested
- Collect the money when the sponsor agrees to contribute
- Charitable Registration # 88881 4662 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.