



Alzheimer Society

PLEDGE SHEET

IG Wealth Management
Walk for Alzheimer's

Sat. May 25, 2024

PARTICIPANT INFORMATION:

NAME _____
 MAILING ADDRESS _____
 CITY _____ POSTAL CODE _____
 EMAIL _____
 PHONE NUMBER _____
 TEAM NAME _____

Register and fundraise online at WalkForAlzheimers.ca

Please print the name and address of each donor clearly.

Donor Name	Address	City	Postal Code	Email	Telephone	Amount	Receipt (Y/N)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Tax Receipts: Those who contribute a minimum donation of \$20 will automatically receive an official tax receipt.



For more information please contact:

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PHONE: 705-645-5621 xt. 115 **EMAIL:** walk@alzheimermuskoka.ca

Thank you to our sponsors:

