



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

DATE _____
TIME _____
LOCATION _____

WALKER INFORMATION

Help raise funds for support services, education and dementia research.

NAME _____
ADDRESS _____
CITY _____ POSTAL CODE _____
PHONE HOME WORK
EMAIL _____
TEAM NAME (if applicable) _____ CAPTAIN _____
EVENT CITY _____

Register online for bonus contests and prizes!
walkforalzheimers.ca

Who are you walking for?

We want to learn more about who our *Walk* supporters are. This information is for data collection purposes only.

AGE Under 12 13-18 19-34 35-64 65+

How did you hear about this event? _____

How many people do you know with Alzheimer's disease or another dementia? _____

In consideration of the Alzheimer Society of B.C. permitting me to participate in the event, I hereby, for myself, executors, administration and personal representatives, release all organizers of this event, their agents, and volunteers, the event sponsors, and the Alzheimer Society of B.C. from all liability, all claims of any kind whatsoever that I might have for personal injuries or property losses suffered by participation in this event.

I certify I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and unless indicated to the contrary by the signature of the guardian below, I am 19 years or older.

By giving the Alzheimer Society of B.C. permission to use my name and photo in media promotional materials I am helping to build awareness that will bring the Society closer to its vision of a world without Alzheimer's disease and other dementias.

Photos and videos from the *Investors Group Walk for Alzheimer's* may also be used to help the Society to promote the event in flyers, brochures and other materials.

I give permission for the Alzheimer Society of B.C. to contact me. The information you provided will be used to keep you informed on the activities of the Alzheimer Society of B.C. including programs, services, special events, funding needs and opportunities to volunteer or give.

I consent to my likeness being captured in photos and videos to be used in media or promotional materials for the Alzheimer Society of B.C.

Every participant must sign this waiver. If under age 19, a parent or guardian must sign.

PARTICIPANT NAME

SIGNATURE



PLEDGE FORM

Only donate to people you know or make a secure donation online directly to the Alzheimer Society of B.C. at walkforalzheimers.ca.

THANK YOU for your generous support!

Please **PRINT** the name and address of each donor clearly.



WALKER INFORMATION

NAME _____
PHONE _____

DONOR'S NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	TELEPHONE	RECEIPT?*
Jane Sample	123 Sample St.	Sampleton	A1B 2C3	jsample@email.com	613 555 1234	YES
Credit Card number:	12349011101082937	Expiry: (mm/yy)	12/16	Credit Card: \$50	Cash:	Cheque:
1						
Credit Card number:		Expiry: (mm/yy)		Credit Card:	Cash:	Cheque:
2						
Credit Card number:		Expiry: (mm/yy)		Credit Card:	Cash:	Cheque:
3						
Credit Card number:		Expiry: (mm/yy)		Credit Card:	Cash:	Cheque:
4						
Credit Card number:		Expiry: (mm/yy)		Credit Card:	Cash:	Cheque:
5						
Credit Card number:		Expiry: (mm/yy)		Credit Card:	Cash:	Cheque:
6						
Credit Card number:		Expiry: (mm/yy)		Credit Card:	Cash:	Cheque:

Need more donation forms? Visit your B.C. Walk location page online.

*Donations of \$15 or more will automatically receive an official tax receipt.

If mailed, do not mail cash. Instead include a personal cheque to cover monies donated. Please print clearly. Do not include online donations on this form. If handed in, all pledge money and cheques must accompany this form.

PAGE GRAND TOTAL:	Credit Card Total:	Cash Total:	Cheque Total:
\$	\$	\$	\$