



ALS SOCIETY OF NEW BRUNSWICK 2012 WALK for ALS - PLEDGE FORM

Individual Name: _____ Tel.: _____

WALK Location: _____ Team Name/Captain: _____

Address: _____

www.walkforals.ca

City/Province: _____ Postal Code: _____ email: _____

Donor Name	Donor Mailing Address Street #, Rural Route, City, Province	Postal Code	Telephone & Email		Amount Received	Cash or Cheque	Received ✓
			T			CHQ./	
			E			Cash	
			T			CHQ./	
			E			Cash	
			T			CHQ./	
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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 2012, 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 photo and/or 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)**

**Grand Fundraising
Total**

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.

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