



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

Alzheimer Society
NIAGARA REGION

SUNDAY, JANUARY 21, 2018

BROCK UNIVERSITY

Ian Beddis Gym/Art & Val Fleming Commons Entrance
500 Glenridge Avenue, St. Catharines, On

Team Bob White



WALKER INFORMATION

Help raise funds for Alzheimers care, support and education.

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE HOME WORK

EMAIL _____

TEAM NAME (if applicable) _____ CAPTAIN _____

EVENT CITY _____

REGISTER
AND
FUNDRAISE
ONLINE

walkforalzheimers.ca

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? _____

Do you know people with Alzheimers disease or other dementias?

What is your T-shirt size? _____
(T-shirts and/or sizes may vary per location and are available while supplies last)

I give permission for the Alzheimer Society to contact me.

Who are you walking for?

PARTICIPANT RELEASE AND WAIVER

In consideration of the Alzheimer Society permitting me to participate in this event, I hereby, for myself, executors, administration and personal representatives, release the organizers of this event, their agents and volunteers, the event sponsors, and the Alzheimer Society from all liability the Alzheimer Society, 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 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 Alzheimers disease and dementias.

Photos and videos from the Walk may also be used to help the Society promote the event in flyers, brochures, and other materials.

Signature _____

Date _____

Everyone must sign this waiver. If under 19, a parent or guardian must sign.

PRIVACY STATEMENT

The Alzheimer Society is committed to protecting the privacy of people whose personal information is collected and held by the Alzheimer Society and we adhere to all legislative requirements with respect to protecting privacy. The information you provided will be used to keep you informed on the activities of the Alzheimer Society including programs, services, special events, funding needs and opportunities to volunteer or give.





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Alzheimer Society
N I A G A R A R E G I O N

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

SPONSORS NAME	ADDRESS	CITY	POSTAL CODE	EMAIL	TELEPHONE	AMOUNT	RECEIPT?
Jane Sample	123 Sample St.	Sampleton	A1B 2C3	jsample@email.com	613 555 1234	\$20	YES
THANK YOU for your generous support!						TOTAL:	

TAX RECEIPTS: Those who contribute a minimum donation amount will automatically receive an official tax receipt provided contact information is both legible and complete. Minimum tax receipt amounts for each province are: AB \$20, BC \$15, NF \$10, MB \$15, NB \$10, NS \$10, ON \$20, PE \$20, QC \$20, SK \$10.

walkforalzheimers.ca