

Register Online: www.alswalkstrong.ca

Charitable Register Number: 88881 4662 RR0001

SOCIETY · SOCIÉTÉ N B • N S Walk Location: Tear

m Name:	Individual Name:	

Telephone: Email: Address:

## PLEASE PRINT DONOR INFORMATION CLEARLY

DONOR NAME	ADDRESS	EI	MAIL		RECEIPT Y/N \$20 or more
IPORTANT INFORMATION			SUBTOTAL (THIS P	AGE ONLY)	
ure cheques are payable to the ALS Society of New Brunswick and Nove Scotia (or ALS Society of NB & NS). receipts will be issued for donations of \$20.00 or more. Please do not include any online donations on this form.					

WAIVER MUST BE SIGNED BY WALKER

In signing this release I acknowledge and understand the intent thereof, and I hereby agree to absolve and hold harmless ALS Society of NB & NS, corporate sponsors, cooperating organizations and any other parties connected with this event in any way, singularly, or collectively, from and against blame and liability for any injury, misadventure, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the 'ALS WALK STRONG' in 2018, 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 video in connection with this event, and to receive e-mail updates about events and programs.

GRAND FUNDRAISING TOTAL

