

Walker name: _____

Walk location: Northumberland, & HaliburtonPlease **CLEARLY PRINT** the name and address of each donor. Please do not include online donations on this form.Secure **credit card** donations can be made at walkforalzheimers.ca or by calling

The security of your information is important to us.

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Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
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Need more donation forms? Contact:				
*Donations of \$20 or more will automatically receive an official tax receipt via mail.		\$	\$	TOTAL
†Please make cheques payable to the If mailed, do not mail cash. Instead include a personal cheque to cover monies donated. If handed in, all pledge money and cheques must accompany this form.				