

#### IN SUPPORT OF THE

### **Alzheimer** *Society*



# Walk in a Box host report

Contact first name:				
Contact last name:				
Host location/organization:				
Address:				
City:	_ Province:	Pos	tal code:	
Phone number:	Email address:			
Walk in a Box date:				
<ul><li>□ Retirement community</li><li>□ Other:</li></ul>				
Amount collected: \$		Number of part	icipants:	
Please share with us any comments/feedback you have about your Walk in a Box host experience.				
What host kit items did you find most useful?				
How did you hear about Walk in a Box?				

Thank you for taking the time to fill out this report. We appreciate your feedback and hope that you enjoyed participating in the IG Wealth Management Walk for Alzheimer's!

Kindly return the completed form along with your pledge forms and cheques or money orders to the address on the right. Please do not mail cash.



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## Walk in a Box host registration

Yes, I would like to ho	ost a Walk in a Box!		
Contact first name:	Contact last name:		
Host location/organization:			
Address:			
City:	Province:	Postal code:	
Phone number:	Email address:		
Walk in a Box date:			
Start time:	End time:		
Please include my Walk in a B anyone is welcome to attend		·	
Host kit - Please check the	materials you would like	in your kit:	
✓ One Walk in a Box guide	□ Ten balloons	Number of people expected:	
<ul> <li>✓ One host report form Included □</li> <li>✓ One "Our goal" poster Included □</li> <li>✓ One press release template □</li> </ul>	□ Forty forget-me-not paper flower cut outs		
	☐ Fifty forget-me-not	Extra supplies requested:	
	flower pins		
	☐ Four posters		
	☐ Twenty participation certificates		

Please return completed form to:

✓ Ten pledge forms to record your donations. *Included*