

Walker name: _____

Walk location: _____

Please **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.

Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
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Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
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Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Donor name:		Donation amount*		
Address:		Cash	Cheque [†]	
Town / city:	Postal code:	\$	\$	
Phone:	Email:			
Need more donation forms? Contact:				
*Donations of \$15 or more will automatically receive an official tax receipt via mail. †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.		\$	\$	TOTAL