



FISHING LAKE METIS SETTLEMENT

1ST ANNUAL WALK FOR MUSCULAR DYSTROPHY

Date: September 23rd, 2017

Location: FLMS Memorial Park

Time: Registration at 1 pm

Walk starts at 2pm

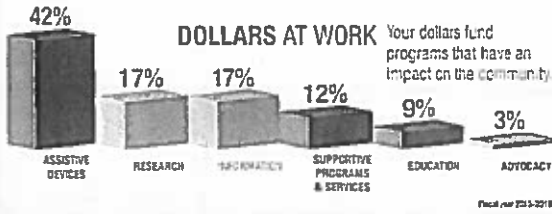
Activities to follow

All money raised will go to Muscular Dystrophy Canada. If you are interested in participating in the walk to raise awareness and funds or want more information please contact Sarah at 587.252.4001

Like our Facebook page "FLMS Walk for Muscular Dystrophy 2017".







Please attach cheques (payable to *Muscular Dystrophy Canada*) to your pledge form and return to your event leader. **DO NOT MAIL CASH.** Instead write a personal cheque payable to Muscular Dystrophy Canada (and you keep the cash amount).

ON EVENT DAY, go to your event location and hand in your cash, cheques, and pledge form(s).

A tax receipt will be issued for donations of \$20 or more. Note: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency. Charitable registration number: 10775 5237 RR0001

PARTICIPANT INFORMATION

Last Name		First Name and Initial(s)	
Address		Suite/Apt/Unit	
City	Prov	Postal Code	
*Email			
Tel (home)		Tel (business)	

Please help me reach my fundraising goal:

\$

EVENT INFORMATION

Event Location

Event Date

TEAM INFORMATION

Team Name

Team Captain's Name (first/last)



Put more of your donation to work by supporting people affected by neuromuscular disorders by donating online at muscle.ca **QR** by providing your email & using e-receipts. Thanks!

#Walk4MD

DONORS (PLEASE PRINT) MUST BE COMPLETE & LEGIBLE, INCLUDING EMAIL & CIVIC ADDRESS TO RECEIVE A TAX RECEIPT						PLEDGE AMOUNT	Do you receive receipts?
1	Donor's Name (first/last)	Tel	*Email			<input type="radio"/> YES	
	Address	Suite/Apt/Unit	City	Prov	Postal Code	<input type="radio"/> NO	
						<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
2	Donor's Name (first/last)	Tel	*Email			<input type="radio"/> YES	
	Address	Suite/Apt/Unit	City	Prov	Postal Code	<input type="radio"/> NO	
						<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
3	Donor's Name (first/last)	Tel	*Email			<input type="radio"/> YES	
	Address	Suite/Apt/Unit	City	Prov	Postal Code	<input type="radio"/> NO	
						<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
4	Donor's Name (first/last)	Tel	*Email			<input type="radio"/> YES	
	Address	Suite/Apt/Unit	City	Prov	Postal Code	<input type="radio"/> NO	
						<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
5	Donor's Name (first/last)	Tel	*Email			<input type="radio"/> YES	
	Address	Suite/Apt/Unit	City	Prov	Postal Code	<input type="radio"/> NO	
						<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque

Waiver/Release: By participating in Muscular Dystrophy Canada's Walk for Muscular Dystrophy event, I grant permission to Muscular Dystrophy Canada to photograph me in the course of my participation in the Walk for Muscular Dystrophy event, and to use any photographs of me for Muscular Dystrophy Canada purposes in any media. I waive and release any and all claims for myself, my heirs, executors and administrators against Muscular Dystrophy Canada, its agents, employees and licensees and any sponsors, officials and organizers of the Walk for Muscular Dystrophy event in connection with any injury, illness or death which may directly or indirectly result from my participation in this event, or from any claim arising in connection with the use of my name or any photos of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of Muscular Dystrophy Canada. I have read and fully understand and agree with the contents of this Agreement, prior to participating in the Walk for Muscular Dystrophy event.
*Muscular Dystrophy Canada collects personal information to communicate with supporters about our Mission—research, service delivery and fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us.

Page Total: \$ _____

Page _____ of _____

Total pledged for all pages: \$ _____

Signature of Participant or Guardian (if under 16 years of age) _____ Date _____



2345 Yonge Street, Suite 900
Toronto, ON M4P 2E5
1.866.687.2538
muscle.ca

Participant Name: _____

Team Name: _____

DONORS (PLEASE PRINT) MUST BE COMPLETE & LEGIBLE, INCLUDING EMAIL & CIVIC ADDRESS TO RECEIVE A TAX RECEIPT						PLEDGE AMOUNT	23+ receipt required?
1	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
2	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
3	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
4	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
5	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
6	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
7	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
8	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
9	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
10	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
11	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
12	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
13	Donor's Name (first/last)		Tel		*Email		<input type="radio"/> YES
	Address	Suite/Apt/Unit	City	Prov	Postal Code		<input type="radio"/> NO
						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	

Page Total: \$ _____



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 Total pledged for all pages: \$ _____