

Walk Location:		Walk Date:	
Team Leader:		Email:	
Walker Name:		Email:	



Donor Name: Email: <input type="checkbox"/> I agree to allow Lupus Ontario to contact me by email regarding future events/newsletters.	Address:	Phone:	Amt Donated \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> OR \$
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX _____	Expiry: __/__/__	City:	Province:
		Postal Code:	Tax Receipt Yes / No

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WAIVER MUST BE SIGNED BY WALKER

Charitable Registration # 883331472 RR0001



In signing this release I acknowledge that I understand the intent thereof, and hereby agree to absolve and hold harmless Lupus Ontario, corporate sponsors, cooperating organizations and any other parties connected with this event in anyway, singly or collectively from and against blame and liability for any injury, misadventure, harm, loss, inconveniences or damage hereby suffered or sustained as a result of participation in the Walk for Lupus Ontario, 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 and photo in connection with this event.

Please return this form and all donations to:
Lupus Ontario, 21-25 Valleywood Drive
Markham, ON L3R 5L9
Please make cheques payable to: LUPUS ONTARIO

Total Cash	
Total Cheques	
Total Credit Cards	
TOTAL	

Signature _____

Parent/Guardian if under 18 years of age _____

Please do not send cash in the mail