

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



**Your full mailing address, including your postal code, is required to issue a tax receipt for donations of \$20.00 or more.**

Donor Name:		Address:		Phone:		Amt Donated \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> OR \$ _____ Tax Receipt Yes No
Email:						
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX _____		Expiry __ / __	City:	Province:	Postal Code:	

Donor Name:		Address:		Phone:		Amt Donated \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> OR \$ _____ Tax Receipt Yes No
Email:						
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX _____		Expiry __ / __	City:	Province:	Postal Code:	

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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, L3R 5L9  
Tel: 905-415-1099 / 1-877-240-1099

Please make cheques payable to: LUPUS ONTARIO  
Please do not send cash in the mail

Total Cash	
Total Cheques	
Total Credit Cards	
<b>TOTAL</b>	

Signature \_\_\_\_\_

Parent/Guardian if under 18 years of age \_\_\_\_\_