



FRIENDS FOR LIFE! WALK™

A Fundraising Initiative by the Ontario SPCA



Yes! I would like to support the following centre with my walk fundraising:

IMPORTANT INSTRUCTIONS

1. Please register online at friendsforlifewalk.ca. Online donors will receive an automatic confirmation email.
2. Donations received offline can be entered online by using a personal credit card. Donor information can be entered so your donors receive a tax receipt. By doing this, your donors will receive their tax receipt faster than if you mailed us your donations.
3. Donations that you have collected online can be totaled up and entered in the "Online Donations" total on the back of this pledge form. Please do not enter individual online donations on this form.
4. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
5. Please do not send cash in the mail. We accept cheques or credit card information.
6. If you are bringing this form along with your collected donations to the Walk event, please try to deposit all of the cash you collected and write us a cheque for the grand total or enter your credit card information below. This will ensure that we are able to process you quickly during registration at the event.
7. Please ensure all totals add up correctly on the "Grand Total" line.
8. Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "Donations collected from donors not requiring tax receipts" line at the bottom of this form. Please see tax receipting guidelines for more details.
9. Please select the local SPCA or Humane Society to support. Donations will be directed to your society of choice.
10. Please print clearly and make all cheques payable and mail to:

Ontario SPCA
16586 Woodbine Avenue Stouffville, ON L4A 2W3

REGISTRATION

Please fill out this section if you HAVE NOT registered online

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

By providing your email address, you are agreeing to be emailed by your chosen local SPCA or humane society and Friends for Life! Walk™ organizer

Team Name (if applicable): _____

If this is a new team, you will be the team captain

GENERAL INFO

Birthdate: _____

Gender: Male Female

T-shirt Size: Youth Adult
 S M L XL XXL

I would like to forgo the pledge incentive program and donate my prizing back to the Ontario SPCA

Please fill out this section if you HAVE registered online

Name: _____

Participant ID Number: _____

Your participant ID number can be found on your online profile at friendsforlifewalk.ca

Team Name (if applicable): _____

* To qualify for pre-event prizing you must register online at friendsforlifewalk.ca

* For full prizing rules and regulations please visit friendsforlifewalk.ca

EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of **Friends for Life! Walk™**, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in Friends for Life! Walk™ is undertaken at your own initiative and with the full permission, support and appreciation of the participating societies. In the event that the participating societies become aware of any false, incorrect or misleading information, the participating societies may revoke this Authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed under the Tax Receipting Guidelines.

Signature _____ Age _____ Date _____

TAX RECEIPTING GUIDELINES

All participants of the Friends for Life! Walk must agree to the terms listing under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$10 or more.
- Tax receipts cannot be issued to the walk participant for the unreceipted portion of the funds collected on behalf of their donors.

NAME _____	PHONE () _____	E-MAIL _____	DONATION AMOUNT
ADDRESS _____	CITY _____	PROV _____	POSTAL CODE _____
CARD NUMBER / / /	EXPIRY DATE _____	SIGNATURE _____	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

NAME _____	PHONE () _____	E-MAIL _____	DONATION AMOUNT
ADDRESS _____	CITY _____	PROV _____	POSTAL CODE _____
CARD NUMBER / / /	EXPIRY DATE _____	SIGNATURE _____	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

NAME _____	PHONE () _____	E-MAIL _____	DONATION AMOUNT
ADDRESS _____	CITY _____	PROV _____	POSTAL CODE _____
CARD NUMBER / / /	EXPIRY DATE _____	SIGNATURE _____	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

NAME _____	PHONE () _____	E-MAIL _____	DONATION AMOUNT
ADDRESS _____	CITY _____	PROV _____	POSTAL CODE _____
CARD NUMBER / / /	EXPIRY DATE _____	SIGNATURE _____	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

NAME _____	PHONE () _____	E-MAIL _____	DONATION AMOUNT
ADDRESS _____	CITY _____	PROV _____	POSTAL CODE _____
CARD NUMBER / / /	EXPIRY DATE _____	SIGNATURE _____	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

NAME _____	PHONE () _____	E-MAIL _____	DONATION AMOUNT
ADDRESS _____	CITY _____	PROV _____	POSTAL CODE _____
CARD NUMBER / / /	EXPIRY DATE _____	SIGNATURE _____	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card

Registration Fee: If you have not registered online, you must include the registration fee here when submitting this pledge form.	REGISTRATION FEE \$20 <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card
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I would like to pay the unpaid balance of my donor's pledges in full by credit card.

Credit Card# _____

Expiry (MM/YY) _____ Signature _____ Balance Paid \$ _____

Event organized by:



THANK YOU FOR YOUR SUPPORT



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Subtotal of donations on this form including Registration fee
 \$ _____

Donations collected from donors not requiring tax receipts
 \$ _____

Online Donations
 \$ _____

GRAND TOTAL
 *add numbers above
 \$ _____