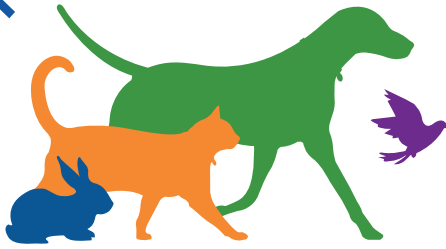


Friends for life! Walk™



**Thank you for participating in
the 2015 Friends For Life! Walk™.**

Please visit www.friendsforlifewalk.ca to start fundraising.

Important Instructions

1. Please register online at www.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.
3. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
4. Please ensure all totals add up correctly on the "Grand Total" line.
5. Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "additional Funds Collected" line at the bottom of this form.
6. Tax receipts will be issued for donations over \$10 by the Ontario SPCA. Donations will be directed to your society of choice.
7. Please print clearly and make all cheques payable to the Ontario SPCA. Please mail to:

Friends For Life! Walk™
16586 Woodbine Ave., RR 3
Newmarket, ON
L3Y 4W1

- Yes! I would like to support my participating local SPCA or Humane Society.

Please visit www.friendsforlifewalk.ca to find a list of participating societies and enter the corresponding society number.

Society ID #

Participant Information

Participant ID Number:
(Your participant ID number can be found in your participant center.)

First Name

Last Name

Address

Apt

City

Province

Postal Code

Email

Preferred Tel.#

Work

Team Information

I am participating as part of a team Family/Friends Team Company Team

Team Name

Team Captain

General Information

Age Range

13 and under

14-25

26 and over

Gender

Male

Female

Do you own a pet?

Dog

Cat

Other

Pet's Name

Sponsor Information

FIRST NAME LAST NAME PHONE EMAIL

ADDRESS CITY PROV POSTAL CODE

CREDIT CARD NUMBER / EXPIRY DATE SIGNATURE

DONATION AMOUNT / TYPE

\$ _____

cheque # _____

credit card cash

participant credit card

tax receipt requested

FIRST NAME LAST NAME PHONE EMAIL

ADDRESS CITY PROV POSTAL CODE

CREDIT CARD NUMBER / EXPIRY DATE SIGNATURE

DONATION AMOUNT / TYPE

\$ _____

cheque # _____

credit card cash

participant credit card

tax receipt requested

continued on back side

Sponsor Information

FIRST NAME _____ LAST NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____ SIGNATURE _____

DONATION AMOUNT / TYPE
 \$ _____
 cheque # _____
 credit card cash
 participant credit card
 tax receipt requested

FIRST NAME _____ LAST NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____ SIGNATURE _____

DONATION AMOUNT / TYPE
 \$ _____
 cheque # _____
 credit card cash
 participant credit card
 tax receipt requested

FIRST NAME _____ LAST NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____ SIGNATURE _____

DONATION AMOUNT / TYPE
 \$ _____
 cheque # _____
 credit card cash
 participant credit card
 tax receipt requested

FIRST NAME _____ LAST NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____ SIGNATURE _____

DONATION AMOUNT / TYPE
 \$ _____
 cheque # _____
 credit card cash
 participant credit card
 tax receipt requested

FIRST NAME _____ LAST NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____ SIGNATURE _____

DONATION AMOUNT / TYPE
 \$ _____
 cheque # _____
 credit card cash
 participant credit card
 tax receipt requested

FIRST NAME _____ LAST NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____

CREDIT CARD NUMBER _____ EXPIRY DATE _____ SIGNATURE _____

DONATION AMOUNT / TYPE
 \$ _____
 cheque # _____
 credit card cash
 participant credit card
 tax receipt requested

I would like to pay the unpaid balance of my donors' pledges in full by credit card.

Credit Card # _____

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



Ontario SPCA
 16586 Woodbine Avenue, RR 3
 Newmarket, ON L3Y 4W1

1-888-668-7722
 www.ontariospca.ca
 Charitable Business #88969-1044-RR002

Waiver/Release: By participating in the Ontario SPCA Friends For Life! Walk TM, I waive and release any and all claims for myself, heirs, executors and administrators against all officials and organizers of the Friends For Life! Walk TM including but not limited to the Ontario SPCA, their sponsors and their properties, investors and owners for injury, illness or death which may directly or indirectly result from my participation in this event. I shall permit the free use of my name, amount raised, and picture in publicity resulting from the Friends For Life! Walk TM. I am physically fit to participate in this event. I have read, understand and agree with the contents of this waiver/release prior to participating in the Friends For Life! Walk TM.

Signature of Participant or Guardian: _____ Date: _____

Subtotal of donations on this form
 \$ _____

Additional funds collected
 *a tax receipt will not be issued
 \$ _____

Grand total
 *add the two numbers above
 \$ _____

FOR OFFICE USE ONLY:

Total Cash \$ _____
 Total Cheque \$ _____
 Total Credit Card \$ _____
 Grand Total \$ _____