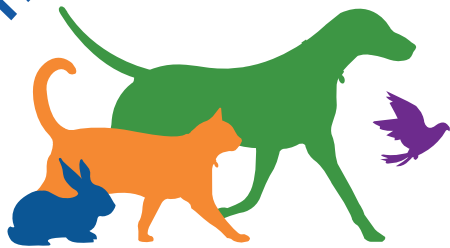


# Friends for life! Walk™



## Jr. Paw Student Program

**Thank you for participating in the 2016 Friends For Life! Walk™.**

Please visit [www.friendsforlifewalk.ca](http://www.friendsforlifewalk.ca) to start 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.
3. Have your participation signed off by your guidance counsellor.
4. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
5. Please ensure all totals add up correctly on the "Grand Total" line.
6. 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.
7. Tax receipts will be issued for donations over \$10 by the Ontario SPCA. Donations will be directed to your society of choice.
8. 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

### Student Information

Walk Location

First Name

Last Name

Address

Apt

City

Province

Postal Code

Email

Preferred Tel.#

Work

### School Approval

School Name

School Address

Guidance Counsellor Name

Guidance Counsellor Signature

By signing this form you are agreeing that the above students can participate in the Friends for Life! Walk and fundraise \$200 in support of a local Ontario SPCA shelter in exchange for 10 community hours. The above student will not be eligible for fundraising awards or rewards.

### General Information

Age Range

13 and under

14-25

26 and over

Gender

Male

Female

T-shirt Size:

Youth

Adult

S

M

L

XL

XXL

### 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				DONATION AMOUNT / TYPE			
ADDRESS				CITY				PROV				POSTAL CODE				\$ _____			
CREDIT CARD NUMBER				EXPIRY DATE				SIGNATURE				<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/> participant credit card <input type="checkbox"/> tax receipt requested							
FIRST NAME				LAST NAME				PHONE				EMAIL				DONATION AMOUNT / TYPE			
ADDRESS				CITY				PROV				POSTAL CODE				\$ _____			
CREDIT CARD NUMBER				EXPIRY DATE				SIGNATURE				<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/> participant credit card <input type="checkbox"/> tax receipt requested							
FIRST NAME				LAST NAME				PHONE				EMAIL				DONATION AMOUNT / TYPE			
ADDRESS				CITY				PROV				POSTAL CODE				\$ _____			
CREDIT CARD NUMBER				EXPIRY DATE				SIGNATURE				<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/> participant credit card <input type="checkbox"/> tax receipt requested							
FIRST NAME				LAST NAME				PHONE				EMAIL				DONATION AMOUNT / TYPE			
ADDRESS				CITY				PROV				POSTAL CODE				\$ _____			
CREDIT CARD NUMBER				EXPIRY DATE				SIGNATURE				<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/> participant credit card <input type="checkbox"/> tax receipt requested							
FIRST NAME				LAST NAME				PHONE				EMAIL				DONATION AMOUNT / TYPE			
ADDRESS				CITY				PROV				POSTAL CODE				\$ _____			
CREDIT CARD NUMBER				EXPIRY DATE				SIGNATURE				<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/> participant credit card <input type="checkbox"/> tax receipt requested							
FIRST NAME				LAST NAME				PHONE				EMAIL				DONATION AMOUNT / TYPE			
ADDRESS				CITY				PROV				POSTAL CODE				\$ _____			
CREDIT CARD NUMBER				EXPIRY DATE				SIGNATURE				<input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> cash <input type="checkbox"/> participant credit card <input type="checkbox"/> 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  
 ontariospca.ca  
 Charitable Business #88969-1044-RR0002

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. The Ontario SPCA will not be responsible for community hours not accepted by your local high school.

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 \$	_____