

REGISTRATION AND DONATION FORM

If you need more forms for friends and family, please photocopy or go to www.walkoflife.ca for printable copies.

To waive Registration Fee, collect a minimum of \$100 in donations (\$50 for students). You must bring your donation form and donations to Walk Day, Sunday, May 25, 2014.

Name _____ Email _____

Address _____ City _____

Province _____ Postal Code _____ Home Tel. _____ Bus Tel. _____

Team Name _____ Team Captain _____ Team Category: National Sponsor Corporate Friends & Family

Please check one: Adult Student Child (under 14 years) FREE

Choose your event: Walk 5 km Run 10 km Run

1. Make cheques payable to Cardiac Health Foundation of Canada
2. Cardiac Health Foundation of Canada issues tax receipts for donations of \$20 or more, if donor's name/address is complete and legible
3. To qualify for Incentive Prizes, please bring your donation form and all donations on Walk Day or mail to Cardiac Health Foundation of Canada by June 1, 2014
4. To make a donation online, please go to www.walkoflife.ca | Cardiac Health Foundation of Canada Charitable Registration # 12433 9151 RR0001

1	First Name		Last Name		\$			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	Card #	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
Check If Tax Receipt Required <input type="radio"/>								
2	First Name		Last Name		\$			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	Card #	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
Check If Tax Receipt Required <input type="radio"/>								
3	First Name		Last Name		\$			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	Card #	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
Check If Tax Receipt Required <input type="radio"/>								
4	First Name		Last Name		\$			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	Card #	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
Check If Tax Receipt Required <input type="radio"/>								
5	First Name		Last Name		\$			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	Card #	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
Check If Tax Receipt Required <input type="radio"/>								
6	First Name		Last Name		\$			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	Card #	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
Check If Tax Receipt Required <input type="radio"/>								

By registering as a participant in the Cardiac Health Foundation of Canada (CHFC) 2014 WALK OF LIFE® (herein referred to as WOL), I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the CHFC, its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively CHFC), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE and DISCHARGE CHFC and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of CHFC, organizers or otherwise.

Total Donations

(this page) \$

Signature _____
(Guardian if under 18)



CARDIAC HEALTH | **WALK®**
FOUNDATION OF CANADA | OF LIFE