



PLEDGE FORM

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FUNDRAISER CONTACT INFORMATION (please print clearly)

Mr Mrs Ms

First Name _____ Last Name _____

Email (req'd) _____ Phone No. _____

Address _____

City _____ Province _____ Postal Code _____

Team Name _____ (if applicable)

PLEDGE INFORMATION (please print clearly)

In accordance with privacy and security regulations, we cannot accept credit card donations on this manual pledge form. Please direct any donors with credit cards to pledge you online at igalzheimervalkrun.ca.

Make cheques payable to the Alzheimer Society of Calgary. Tax receipts will be issued by December 31st for donations of \$10 or more, provided information is complete and legible.

DONOR CONTACT INFO

Prefix _____ Full name _____

Address _____

City _____ Province _____ Postal Code _____

Email (for tax receipt) _____ Phone No. _____

Cash Cheque Pledge Amount \$ _____ I prefer to remain anonymous

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The Alzheimer Society of Calgary respects the privacy of our donors. All personal information disclosed on this form will be treated as confidential. We do not sell or share our donor list with others. Information collected will be used to provide you with your tax receipt and event communications.

For more information, please contact the Walk & Run team at (403) 290-0110 or email walkrun@alzheimercalgary.ca