

Intentional Walk for ALS 2022

Donation Form



#IntentionalWalk

Name of Participant* _____

Team Name (if applicable) _____

Street Address* _____ Unit# _____

City* _____ Prov* _____ Postal Code* _____

Email Address* _____

Donors *(When donor information is completed in full below, donors will receive tax receipt for donations over \$15.00)*

#	First & Last Name	Street Address	Unit #	City	Prov	Postal Code	Email	Donation Amt
1								\$
2								\$
3								\$
4								\$
5								\$
6								\$
7								\$
8								\$
9								\$
10								\$

**Please make cheques payable to "ALS Double Play."*

<i>Sponsorship Total</i>	\$
<i>Participant Donation (if applicable)</i>	\$
Total	\$