

Square One Older Adult Centre & Square One Seniors Wellness Services Walk-a-thon Pledge Form

Name: _____ Membership #: _____

Home Phone: _____ Email: _____ Non Member Waiver Form:

Individual Walker **or** Team Walker Team Name: _____

Instructions for donation collections:

1. Tax Receipts are available for all donations of \$25.00 and more. To ensure proper tax receipt processing, please print clearly and complete all information. Square One Seniors Wellness Services Charitable Registration # 81959 5893 RR0001
2. Make all cheques payable to **Square One Seniors Wellness Services** and for your records include the Walker's Name & SQWalk in the memo portion of the cheque. Both cash and cheques are gratefully received.
3. A minimum of \$20 in total pledges is required for individual participation. Please collect all pledges in advance of the event.
4. You may submit your collected donations to the Administration Desk at Square One Older Adult Centre in advance of the event or bring them to the Walk-a-thon Registration area on the day of the Walk-a-thon.

**Square One
Older Adult Centre &
Square One Seniors
Wellness Services**




Walk-a-thon

Friday, October 14, 2011

PLEASE PRINT CLEARLY IN INK

Page _____ of _____

First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
First Name	Address	City	Prov	Cash	Amt	Office Use
Last Name	Postal Code	Telephone		Cheque	Amt	
				Please Total Page	TOTAL = \$ _____	

We appreciate your support. The information given to us will be used to provide donors with tax receipts. Your information will not be shared on any basis with other organizations. If you wish to be removed from our list, please contact us at 905 615 3207.

Square One Seniors Wellness Services Charitable Registration #: 81959 5893 RR0001