easter seals
RUN WALKATHON
Founded by Joe Persechini

Pledge Form

Make all cheques payable to " The Easter Seal Society, Ontario".
Receipts will be issued for donations of $10 or more
with a complete address.

ACCOUNTING INFO. ONLY

Cash	Cheques

REGISTRATION INFORMATION:_____
No. of Forms: _____ **TOTAL $** _____
Registered by: _____

PARTICIPANT:_____ Age: _____ Gender: OM OF Years participated: _____
LAST NAME FIRST NAME OPTIONAL

Address_____ apt.#_____

Town/City: _____ Province: _____ Postal code_____

Tel. (Bus.): (_____) _____ (Home): (_____) _____ E-mail address: _____

School or Business represented:_____

Minimum sponsorship or donation of $20 required in order to participate

Please print clearly!
Easter Seals cannot guarantee a tax receipt if information is not clear.

Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite	Amount Pledged	Amount Collected	Amount Outstanding
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
Mr. Ms. Mrs. Miss	Last Name	First Name	Apt#/TH/Suite			
	Street Address	City/Town	Province / Box# / Postal Code			
			TOTAL:			

I do not wish to receive any incentives: Signature: _____

Helpful hints for collecting pledges

* Start collecting your pledges from family, friends and co-workers. Use voice-mail, e-mail, school notice, work, etc. to let other people know that you are looking for pledges.
* Try collecting the pledge money when people agree to contribute.
* Individuals may want to postdate their cheques.
* Pledge yourself $10 or $20 and others will follow your example.
* Have your company match your personal contribution or total pledge amount.
* Photocopy your pledge form(s) before submission. This will be helpful in making follow up calls.
* Include a copy of your pledge form when submitting "partial pledges".
* Remember, to be eligible for incentive prizes, all pledge monies must be handed in on the day of the event with your pledge form.

Go Global!

Collect pledges on-line
send emails to your family and friends by visiting:
www.persechinirun.org

P.O. Box 34
Aurora, ON
L4G 2H1

Lorella (Lory) Paterson
Run Manager
706-1185 Eglinton Ave East
Toronto, ON M3C 3C6

905-727-8948
E-mail: lpaterson@easterseals.org
Web: www.persechinirun.org

easter seal society
'85 Years of CARING SINCE 1922

HELPING KIDS WITH PHYSICAL DISABILITIES SUCCEED

Please sign below:

WAIVER: In consideration for being permitted to participate in the Easter Seals Run/Walkathon, I, for myself and on behalf of my family, estate, beneficiaries, executors, administrators and any person who may claim pursuant to the Family Law Act or through me, hereby forever release The Easter Seal Society, the Town of Newmarket, Township of King, Regional Municipality of York, Upper Canada Mall, Persechini Fitness & Squash Complex and their employees, members, volunteers and agents from any and all action, claims for damages, costs and expenses that may arise out of my participation in this event, whether caused by their negligence or otherwise, including physical injury or damage to property.

I hereby acknowledge that participating in this event can be hazardous and I certify that I am physically capable of participating in this event.

Signature: _____ Date: _____

A participant under the age of 18 must have this form countersigned by a parent or guardian. As a parent and/or legal guardian of the above named to participate in the Easter Seals Run/Walkathon on the basis of the conditions set forth in the above waiver.

Signature: _____ Date: _____

RECEIVE A RUN T-SHIRT!

To Qualify:
Child participants must have $30 MINIMUM in donations
Adult participants must have $60 MINIMUM in donations
Additional Incentive Item:_____

T-shirt Ticket

please complete:
Name:_____
Phone Number:_____ Age:_____

DO NOT REMOVE ANY PORTIONS

Draw Ticket

please complete:
Name:_____
Phone Number:_____ Age:_____