



# Strides Diabetes Walk

WALKER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

PHONE \_\_\_\_\_ E-Mail \_\_\_\_\_

TEAM NAME (Only if applicable) \_\_\_\_\_

**Nov. 17, 2013 Strides Diabetes Walk at The Wellness Center at the U of L. Total donation of \$20, receive an official Stride Diabetes Walk Shirt and pin!**

\*Donations over \$15 receive receipts from Md37 Lions Cavalcade for Diabetes for income tax purposes

Please collect pledges in advance. Make checks payable to West Lethbridge Lions Club

SPONSOR'S NAME	ADDRESS/CITY <small>(Please provide clearly and in full or tax receipt may not be issued)</small>	POSTAL CODE	PHONE	Amount Pledged	Receipt Required	Donation Enclosed
Joanne Walker (example)	104 Sample St.,	T1H 2B7	403-320-1222	\$100	✓	✓
1						
2						
3						
4						
5						
6						
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17						
18						

Pledge sheet full?  
Download a blank Pledge form at [www.e-clubhouse.org/site/lethbridgeWest/](http://www.e-clubhouse.org/site/lethbridgeWest/)

**TOTAL  
Donations**  
\$

## Release Statement

I, \_\_\_\_\_, release the Strides Walk sponsors and organizers from any claims or liability resulting from my participation in the Strides Walk.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_