

Size 6WomanCare Pregnancy Centre "WALK FOR LIFE" Fundraising Event
SATURDAY OCTOBER 5, 2019



How to use this Donation Form:

1. **FIND** sponsors for yourself! They may be your relatives, friends, co-workers, neighbours, etc. and fill in the form below.
2. Please try and collect the money up front. You can turn in the funds collected and the Donation Form at the day of the event or bring to the office prior to the event.
3. For those wanting to **donate by credit card**, they can go online to <https://womancarepc.ca/donate-support>
4. You will need to **contact the office (604.463.5513)** or email info@womancarepc.ca to **UPDATE YOUR DONATIONS** to ensure your progress is tracked online.
5. For more information on "WALK FOR LIFE", please encourage your sponsors to check out <http://walk.womancarepc.ca/>

PARTICIPANT NAME: _____ **Email:** _____ **Phone:** _____

Sponsor's Name (include middle initial)	Complete Address (include postal code)	Phone	Email	Amount Donated	Cash or Cheque	Donated Online	Date Funds Received
<i>Please make cheques payable to WOMANCARE PREGNANCY CENTRE</i>				TOTAL:			

Liability Waiver (Please read carefully): In volunteering to participate in the "Walk for Life", I hereby agree that this activity shall be at my own risk against all casualties to myself or my property and that I take all risks of any kind no matter how caused. I hereby release and discharge WomanCare Pregnancy Centre, their officers, staff, and any other volunteers and indemnify them of and from all actions, claims, demands of every nature and kind. I grant permission for organizers of this event to use photographs, images, and quotations from me in accounts and promotions of this event.

 Signature of Event Participant (Parent or Guardian if participant is under 18)

Date: _____