



Presented By:



**Register and fundraise today at
WWW.ASCWALK.CA**

Connection to autism:

- Family Member
- Self
- No Connection
- Other

Walk Location: _____

Name: _____

Email: _____

Address: _____

City/Prov/Postal Code: _____

Team Name: _____

Organization Name (if different): _____

Team Captain: _____

Privacy Statement for pledge form:

Autism Speaks Canada respects your privacy. The information collected here will be used to process your gift, and issue a tax receipt and provide you with additional information about the activities of Autism Speaks Canada. If you do not wish your name to be used for one or all of these activities please check this box.

			Donations		
1	EXAMPLE:				
	Name: John Smith	E-mail: john.smith@domain.com	Phone: 416-555-1212	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address: 123 Main St reet	City: Toronto	Prov: ON	Postal Code: A1B 2C3	<input type="checkbox"/> Cheque <input type="checkbox"/>
CreditCard# 1234 1234 1234 1234	<input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> M/C <input checked="" type="checkbox"/> Amex	Expiry: 01/17	Name on Card: John A. Smith	<input type="checkbox"/> \$ <input type="checkbox"/>	
2	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
3	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
4	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
5	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
6	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
7	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input checked="" type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
8	Name:	E-mail:	Phone:	<input type="checkbox"/> Cash <input type="checkbox"/>	
	Address:	City:	Prov:	Postal Code:	<input type="checkbox"/> Cheque <input type="checkbox"/>
	CreditCard#	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	Expiry:	Name on Card:	<input type="checkbox"/> \$ <input type="checkbox"/>
<input type="checkbox"/>	I would like to pay the balance of my donors pledges using my credit card, knowing that each listed donation will be made as separate transactions:				
Credit Card #:	Expiry:	Total Amount:			
Billing Name:	Billing City:				
Billing Address:	Billing Province:				

All cash donations must be included within this form (even if you have included these donations within your participant center).

Waiver:

I hereby waive and release, for myself, my heirs, executors and administrators, and all rights, claims, liabilities and causes of action whatsoever I may have against Autism Speaks Canada, its affiliates and the Event operators and sponsors and each of their respective officers, directors, employees and agents (the "Event Parties") relating to or arising from my participation in the Event, including but not limited to personal injury. I recognize the Event has inherent risk of injury and I hereby assume that risk. If I cause injury to any person or damage to any property while participating in the Event, I hereby indemnify and hold harmless the Event Parties from and against any and all claims, suits, actions, losses, damages and expenses related to or arising from such injury or damage. I hereby give my consent to Autism Speaks Canada and its affiliates to use my name and photographs, video and film ("Photos" of me taken before, during and after the Event) in advertising and promotional material for Autism Speaks Canada, including to the Internet, without compensation. I agree that no advertising or other material need be submitted to me for approval. I agree that all Photos of me used by Autism Speaks Canada and its affiliates are owned by Autism Speaks Canada and they may copyright material containing same. I hereby release, discharge, and agree to save harmless the Event Parties from liability, including, without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my name and/or Photos.

Signature _____

Date _____