

WALK

Optional Question: Do you know anyone with autism spectrum disorder?

No Yes Self Family Other

Walk Now for Autism Speaks Canada is our **SINGLE MOST POWERFUL EVENT** to raise critically needed funds for research, services, advocacy and awareness.

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:				<input type="checkbox"/> Cash	<input type="checkbox"/>
	Name: John Smith	E-mail: john.smith@domain.com	Phone: 416-555-1212			
	Address: 123 Main Street	City: Toronto	Prov: ON	Postal Code: A1B 2C3		
<input type="checkbox"/> Credit Card# 1234 1234 1234 1234 <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex Expiry: 01/17 Name on Card: John A. Smith				<input type="checkbox"/> Cheque \$		
2	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
3	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
4	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
5	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
6	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
7	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
8	Name:	E-mail:	Phone:		<input type="checkbox"/> Cash	<input type="checkbox"/>
	Address:	City:	Prov:	Postal Code:		
	Credit Card#	Expiry:	Name on Card:			
<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:				Total Amount:		
Credit Card #:		Expiry:				
Billing Name:		Billing City:				
Billing Address:		Billing Province:		TOTAL PAGE For office use only. Total From All Pledge Forms: Total Cash\$ _____ Total Cheques\$ _____ # of Pages _____ of _____ Total Credit Card \$ _____ Total \$ Raised _____		
Waiver: I hereby waive and release, for myself, my heirs, executors and administrators, any and all rights, claims, liabilities and causes of action whatsoever I may have against Autism Speaks Canada and 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, including but not limited 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 _____						