

# 2010 Walk for Memories - Registrant Information

Direct your supporters to our website [www.nswalkformemories.ca](http://www.nswalkformemories.ca) to pledge you online!

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ A-Team Name (if applicable): \_\_\_\_\_

Registration Fees  \$20.00 A-Team  \$25.00 Individual  Registered Online

1	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
2	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
3	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
4	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
5	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
6	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
7	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
8	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
9	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
10	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
11	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
12	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
13	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	
14	<b>First Name</b>	<b>Last Name</b>	<b>PLEDGE AMOUNT</b> \$ _____		Collected <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Office Use Only</i>
	Address	City	Prov	Postal Code	

Donations of \$10 or more will receive a tax receipt. Please ensure all information is legible with full name, address and postal code. It is recommended that pledges be made either online at [www.nswalkformemories.ca](http://www.nswalkformemories.ca) or by cheque (payable to the Alzheimer Society of Nova Scotia). Please bring all collected pledges and pledge forms to the registration desk on the event day.

Charitable Registration #10670 5379 RR0001

**Total Pledges**  
\$ \_\_\_\_\_