

2020 GUTSY WALK PLEDGE FORM

IMPORTANT DONOR INFORMATION:

- Please remember to print clearly.
- Do not record online pledges on the printable donation forms.
- Tax receipts will be issued for donations of \$15 or more.
- Tax receipts will only be issued if your address is completed in full and legible.
- If you provide an email address along with your physical address, you will receive your tax receipt by email rather than mail.
- All cheques must be made payable to Crohn's and Colitis Canada.

PARTICIPANT INFORMATION

Please Complete the Form

First Name _____ Last Name _____

Address _____ Apt.# _____

City _____ Province _____ Postal Code _____

Email _____

Preferred Tel # Home _____ Work _____

Preferred Language: English French

TEAM INFORMATION

I am participating as part of a: Family/Friends Team Company Team School Team

Team Name _____

Team Captain _____

Company Name/School Name _____

GENERAL INFORMATION

Age Range: 13 and Under 14-25 26-49 50+

Male Female

Do you know someone living with Crohn's disease or ulcerative colitis?

No Myself Family Member Other

Are you a returning Gutsy Walk participant? Yes No

MY FUNDRAISING GOAL IS \$ _____

WALK LOCATION _____

(REQUIRED)

Donor Name Email Address Telephone Number	Address	Credit Card Number and Expiry	Pledge Amount Payment Method	Consent to Receive Emails
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>
First/Last <input type="checkbox"/> This is a Company	City _____ Prov. _____ Postal Code _____	Expiry MM/YY _____	\$ _____ Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/>	Yes <input type="checkbox"/>

GUTSY WALK IS NOW VIRTUAL!
 Walk with us. Anywhere. Anyhow.
 Join us on Sunday, August 23, 2020.

I would like to pay the unpaid balance of my donors' pledges in full by credit card.

Credit Card # _____ Expiry MM/YY _____ Balance Paid \$ _____



Crohn's and Colitis Canada
 600 – 60 St. Clair Avenue East, Toronto, Ontario M4T 1N5
 416 920-5035 or toll free: 1 800 387-1479

PARTICIPANT TO COMPLETE:	FOR OFFICE USE ONLY:
Page Total \$ _____	Total Cash \$ _____
# of Pages _____ of _____	Total Cheque \$ _____
Total of all Paid Pledges \$ _____	Total Credit Card \$ _____
	Grand Total \$ _____

Waiver/Release: In consideration for participation in the 2020 Gutsy Walk ("Walk"), I waive and release any and all claims that I and/or my heirs, executors, administrators, agents, insurers, assigns and other legal representatives have or may have against Crohn's and Colitis Canada and its administrators, trustees, officers, directors, agents, employees, volunteers, successors, affiliates, sponsors and other legal representatives, both present and future for any accident, injury, illness, death or other claim, in law or equity, which may result, directly or indirectly, from my participation in the Walk. I permit the use of my name, amount raised, picture and video to be used in any and all forms and types of publicity produced in connection with the Walk or Crohn's and Colitis Canada including, but not limited to, the purposes of marketing, promoting or otherwise reporting relating to the Walk or Crohn's and Colitis Canada. I am physically fit to participate in the Walk. I have read, understand and agree with the content of this waiver/release prior to participating in the Walk. If participant is under the age of majority, I confirm I am the parent/guardian of participant and sign this waiver/release on his or her behalf.

Please indicate your email preferences:

- I would like to receive 'Talk About Guts' (e-newsletter) and occasional email updates from Crohn's and Colitis Canada.
- I do not wish to receive Gutsy Walk email communication.

Signature of Participant or Guardian (if under age of majority): _____ Date: _____