

# 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

T-shirt Size (Youth M, S, M, L, XL, 2XL, 3XL): \_\_\_\_\_ Received T-shirt On-site

PRIZING\* I would like to waive my prize so more funds can go towards research and patient programs. Yes  No

## 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"/>

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: \_\_\_\_\_