

WHO ARE YOU WALKING FOR?

parkinson SOCIETY
SOUTHWESTERN
ONTARIO

PARTICIPATE

Come for the walk, stay for the fun! Go to walkforpd.ca and register today!

FORM A TEAM

Form a team with family, friends and co-workers! Remember, you don't have to walk at the same location in order to be a team.

COLLECT PLEDGES

Collect pledges online at walkforpd.ca or in person using this pledge form.

VOLUNTEER

Contact Meagan Warwick at 1.888.851.7376 ext. 207 or meagan.warwick@pssso.ca to volunteer.



Unable to walk and still want to participate? Register at walkforpd.ca and collect pledges online or fill in this pledge form and send with cheques payable to:

Parkinson Society Southwestern Ontario
123-4096 Meadowbrook Dr., London, ON N6L 1G4.

REGISTER TODAY

walkforpd.ca | 1.888.851.7376

SATURDAY, SEPTEMBER 9, 2023

Brantford, Brant-Norfolk & Haldimand County
– Knights of Columbus

Registration 1:00pm, Walk 2:00pm

Goderich – Rotary Cove Pavilion #4

Registration 10:00am, Walk 11:00am

London & District – Springbank Gardens

Registration 10:30am, Walk 11:30am

Owen Sound – Bayshore Community Complex

Registration 1:00pm, Walk 2:00pm

South Grey Bruce & Hanover – Hanover Town Park

Registration 9:00am, Walk 11:00am

Stratford & Area – Upper Queen's Park

Registration 9:30am, Walk 10:30am

Waterloo Region – Kiwanis Park

Registration 10:00am, Walk 11:00am

Wellington-Dufferin – Centre Wellington Sportsplex

Registration 10:00am, Walk 11:00am

SUNDAY, SEPTEMBER 10, 2023

Chatham-Kent – Kingston Park

Registration 12:00pm, Walk 1:00pm

Grand Bend – The Grand Bend Legion

Registration 1:00pm, Walk 2:00pm

Oxford County – South Gate Centre

Registration 1:00pm, Walk 2:00pm

Port Elgin, Kincardine & Area – North Shore Park,
Saugeen Shores

Registration 1:00pm, Walk 2:00pm

Sarnia-Lambton – Canatara Park

Registration 1:00pm, Walk 2:00pm

Windsor-Essex – Malden Park

Registration 12:00pm, Walk 1:00pm



SEPTEMBER
9TH & 10TH

walkforpd.ca

[f ParkinsonSocietySWO](https://www.facebook.com/ParkinsonSocietySWO) [i Parkinsonswo](https://www.instagram.com/Parkinsonswo)

2023 Walk for Parkinson's Donation Form



WALK LOCATION _____

TEAM NAME (if applicable) _____



FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ PROVINCE _____

POSTAL CODE _____ PHONE # _____ EMAIL _____

Do you have Parkinson's? Yes No Are you a caregiver? Yes No Birth Month/Year ____/____

DONOR INFORMATION

Please make cheques payable to Parkinson Society Southwestern Ontario. Tax receipts will be emailed for pledges of \$20 or more by Feb. 29, 2024. Charitable Registration Number: 831 30 2708 RR0001

AMOUNT RECEIVED BY
CHEQUE CASH

1	FIRST NAME	LAST NAME						
	ADDRESS	CITY	POSTAL CODE					
	PHONE #	EMAIL ADDRESS						
2	FIRST NAME	LAST NAME						
	ADDRESS	CITY	POSTAL CODE					
	PHONE #	EMAIL ADDRESS						
3	FIRST NAME	LAST NAME						
	ADDRESS	CITY	POSTAL CODE					
	PHONE #	EMAIL ADDRESS						
4	FIRST NAME	LAST NAME						
	ADDRESS	CITY	POSTAL CODE					
	PHONE #	EMAIL ADDRESS						
5	FIRST NAME	LAST NAME						
	ADDRESS	CITY	POSTAL CODE					
	PHONE #	EMAIL ADDRESS						
6	FIRST NAME	LAST NAME						
	ADDRESS	CITY	POSTAL CODE					
	PHONE #	EMAIL ADDRESS						
SUBTOTAL (This page only)								
GRAND TOTAL (All donations)								

MAILING YOUR DONATIONS | To submit forms with cheques, please mail to:
123-4096 Meadowbrook Dr., London, ON N6L 1G4.

SUBTOTAL (This page only)
GRAND TOTAL (All donations)

For more information, visit walkforpd.ca or call 1.888.851.7376.

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I acknowledge that my participation in Parkinson Society Southwestern Ontario's WALK for Parkinson's is at my own risk. If in doubt, I will check with my own physician. I hereby release, waive and forever discharge liability for any and all claims against Parkinson Society Southwestern Ontario (PSSO) and their respective officials and partners, for personal injury, death or property damage resulting from my participation in WALK for Parkinson's on behalf of myself, my heirs, executors and administrators. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by PSSO in any manner whatsoever, including print, broadcast or the internet. By signing below, I confirm that I have carefully read this Release and Consent and fully understand and agree to its contents.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF GUARDIAN IF UNDER 18 YEARS OF AGE _____

DATE _____