

# 2026 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 carepartner?  Yes  No      Birth Month/Year \_\_\_\_\_ / \_\_\_\_\_

DONOR INFORMATION		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	

**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)

page \_\_\_\_ of \_\_\_\_

For more information, visit [walkforpd.ca](http://walkforpd.ca) or call 1.888.851.7376.

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** \_\_\_\_\_



[walkforpd.ca](http://walkforpd.ca)

123-4096 Meadowbrook Dr., London, ON N6L 1G4  
[www.pssso.ca](http://www.pssso.ca)

Charitable Registration Number: 83130 2708 RR0001