

2026 Walk for Parkinson's Donation Form



WALK LOCATION _____

TEAM NAME (if applicable) _____

parkinson SOCIETY
SOUTHWESTERN
ONTARIO

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 issued to those who pledge \$20 or more by Feb 28, 2026. Full name/contact info is required. Charitable Registration Number: 83130 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				

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

SUBTOTAL
(This page only)

GRAND TO TAL
(All donations)

page ____ of ____

For more information, visit 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 _____

parkinson SOCIETY
SOUTHWESTERN
ONTARIO

walkforpd.ca

123-4096 Meadowbrook Dr., London, ON N6L 1G4
www.pssso.ca

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