

Privacy Statement

Parkinson Canada SuperWalk and Parkinson Canada collect personal information to communicate with supporters about initiatives and fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us:

superwalk@parkinson.ca or call
1 (800) 565-3000.

Support Parkinson Canada

Would you like to learn more about becoming a monthly donor?

Yes No

Would you like to learn more about making a planned gift to Parkinson Canada?

Yes No



Participant Information

| | | |
|---|---|-------------|
| Walk Location | | |
| First Name | Last Name | |
| E-mail address | | |
| Street address | | |
| City | Province | Postal Code |
| Including this year, how many years have you participated in SuperWalk ? | Phone Number | |
| Team Name | Team Captain Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are you living with Parkinson's ? <input type="checkbox"/> Yes <input type="checkbox"/> No | Gender | |
| Please select your age group <input type="checkbox"/> Under 12 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> 56-64 <input type="checkbox"/> 65+ | | |
| My primary reason for participating in SuperWalk is: | | |
| <input type="checkbox"/> I have been recently diagnosed with Parkinson's (less than 2 years) | | |
| <input type="checkbox"/> I have Parkinson's | | |
| <input type="checkbox"/> My partner has/had Parkinson's | | |
| <input type="checkbox"/> My parent has/had Parkinson's | | |
| <input type="checkbox"/> My grandparent has/had Parkinson's | | |
| <input type="checkbox"/> I am a healthcare professional | | |
| <input type="checkbox"/> My child has/had Parkinson's | | |
| <input type="checkbox"/> My friend has/had Parkinson's | | |
| <input type="checkbox"/> My family member has/had Parkinson's | | |
| <input type="checkbox"/> My organization or employer supports Parkinson SuperWalk | | |
| <input type="checkbox"/> I just want to support the cause | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Prefer not to answer | | |
| <input type="checkbox"/> Multiple statements describe me equally | | |

PARKINSON CANADA SUPERWALK™

PLEDGE FORM



JOIN US SEPTEMBER 10 & 11

REGISTER ONLINE AT SUPERWALK.CA
OR CALL 1-800-565-3000

GENEROUSLY SUPPORTED BY

**BURNBRAE™
FARMS • FERMES**

| | | | | |
|-----------------------|-------------------------------|------------------|---|--|
| *PARTICIPANT | *WALK LOCATION | TEAM NAME | MY PERSONAL PLEDGE Enter your personal donation to SuperWalk here | PLEDGE \$ |
| *FIRST NAME LAST NAME | *STREET ADDRESS | TELEPHONE | | PLEDGE \$ |
| | *CITY *PROV. *POSTAL CODE | EMAIL (OPTIONAL) | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| *FIRST NAME LAST NAME | *STREET ADDRESS | TELEPHONE | | PLEDGE \$ |
| | *CITY *PROV. *POSTAL CODE | EMAIL (OPTIONAL) | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| *FIRST NAME LAST NAME | *STREET ADDRESS | TELEPHONE | | PLEDGE \$ |
| | *CITY *PROV. *POSTAL CODE | EMAIL (OPTIONAL) | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
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| *FIRST NAME LAST NAME | *STREET ADDRESS | TELEPHONE | | PLEDGE \$ |
| | *CITY *PROV. *POSTAL CODE | EMAIL (OPTIONAL) | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |

***REQUIRED INFORMATION**

PLEDGES: Please print clearly, complete all fields and do not include funds collected online. Tax receipts will be automatically issued for donations \$20 and over and will be mailed by February 28th of the following year. Tax receipts cannot be issued if information is incomplete. Return or mail your pledge forms to a Parkinson Canada office to make your walk day check-in easier. Get them in by August 31st and see your totals counted on your walk day!
 Parkinson Canada Attn: SuperWalk 316-4211 Yonge St. Toronto, ON. M2P 2A9

| | | |
|--|----------------------------|----|
| SHEET ____ of ____ SHEETS | TOTAL COLLECTED THIS SHEET | \$ |
| Copy this sheet if you need more space or download one at donate.parkinson.ca/swpledge | TOTAL OF ALL SHEETS | \$ |