

Privacy Statement

Parkinson Canada SuperWalk and Parkinson Canada collects 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 this September

Register online at superwalk.ca
or call 1 (800)565-3000

*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
*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
*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

***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	\$