



## Participant Offline Donation Summary Form

Walk Location: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A) Total Amount of Cheques Submitted: \_\_\_\_\_

B) Total Amount of Cash Submitted: \_\_\_\_\_

C) Total Cheques + Cash Submitted (Sum of Lines A + B): \_\_\_\_\_

- I have provided the full name, address, email, and phone number for the donations listed on the pledge form(s) I am submitting today.
- I have reviewed the information on this form and confirm that the totals match what I am submitting on my pledge form(s).

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### 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 by email at [superwalk@parkinson.ca](mailto:superwalk@parkinson.ca) or call 1-800-565-3000.