

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	Prov.	Postal Code
Including this year, how many years have you participated in SuperWalk?		
Phone Number		
Team Name	Team Captain <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you living with Parkinson's? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	
Please select your age group <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 Canada 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



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 \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
*FIRST NAME LAST NAME	*STREET ADDRESS	TELEPHONE		PLEDGE \$
	*CITY / PROV. / POSTAL CODE	EMAIL		<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
*FIRST NAME LAST NAME	*STREET ADDRESS	TELEPHONE		PLEDGE \$
	*CITY / PROV. / POSTAL CODE	EMAIL		<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		<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 issued for donation \$20 and over and will be mailed by Feb 28th of the following year. Tax receipts cannot be issued if information is incomplete.

Return or mail your pledge forms to the Parkinson Canada office to make your walk day check-in easier, and have your pledges reflected on your fundraising page. Parkinson Canada Attn: SuperWalk 316-4211 Yonge St. Toronto, ON. M2P 2AP

SHEET ____ OF ____ SHEETS	TOTAL COLLECTED THIS SHEET	\$
Copy or download multiple pledge forms if you need more space.	TOTAL OF ALL SHEETS	\$