

# REGISTRATION AND DONATION - OFFLINE FORM

Participant Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Tel. \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

## ADULTS

- Option 1:** Raise \$50 in donations **or**
- Option 2:** \$25 Registration Fee

## SEAWAY VALLEY VOLUNTEERS

- Option 1:** Raise \$25 in donations **or**
- Option 2:** \$10 Registration Fee

## CHILDREN

- Ages 14 & Under Registration is **FREE**

**Payment:**  Cash  Cheque  Visa  Mastercard

Name on card \_\_\_\_\_ Card No \_\_\_\_\_

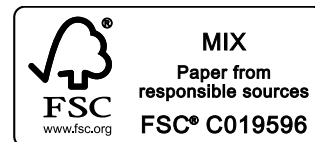
Expiry \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

**1. Please make cheques payable to Seaway Valley Community Health Centre**

2. Seaway Valley Community Health Centre issues tax receipts for donations of \$20 or more if the name and address are complete and clearly legible.

3. Donations accepted online at [www.canadahelps.org/en/charities/seaway-valley-community-health-centre-inc/](http://www.canadahelps.org/en/charities/seaway-valley-community-health-centre-inc/)

4. Seaway Valley Community Health Centre Charitable Registration #84645 7190 RR 0001



## Donations:

1	<b>First Name</b>		<b>Last Name</b>			\$  Check If Tax Receipt Required <input type="radio"/>	
	Suite#/Apt#	Address		City	Prov.		Postal Code
	<input type="checkbox"/> Cash						
	<input type="checkbox"/> Cheque						
Email		Phone #					
2	<b>First Name</b>		<b>Last Name</b>			\$  Check If Tax Receipt Required <input type="radio"/>	
	Suite#/Apt#	Address		City	Prov.		Postal Code
	<input type="checkbox"/> Cash						
	<input type="checkbox"/> Cheque						
Email		Phone #					
3	<b>First Name</b>		<b>Last Name</b>			\$  Check If Tax Receipt Required <input type="radio"/>	
	Suite#/Apt#	Address		City	Prov.		Postal Code
	<input type="checkbox"/> Cash						
	<input type="checkbox"/> Cheque						
Email		Phone #					
4	<b>First Name</b>		<b>Last Name</b>			\$  Check If Tax Receipt Required <input type="radio"/>	
	Suite#/Apt#	Address		City	Prov.		Postal Code
	<input type="checkbox"/> Cash						
	<input type="checkbox"/> Cheque						
Email		Phone #					
5	<b>First Name</b>		<b>Last Name</b>			\$  Check If Tax Receipt Required <input type="radio"/>	
	Suite#/Apt#	Address		City	Prov.		Postal Code
	<input type="checkbox"/> Cash						
	<input type="checkbox"/> Cheque						
Email		Phone #					

By registering as a participant in the Seaway Valley Community Health Centre 2016 WALK OF LIFE® (herein referred to as WOL) as part of the Cardiac Health Foundation of Canada's National Walk of Life Campaign, I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the Seaway Valley Community Health Centre, Cardiac Health Foundation of Canada (CHFC), its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively Seaway Valley Community Health Centre), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE AND DISCHARGE the Seaway Valley Community Health Centre and CHFC, and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of Seaway Valley Community Health Centre and CHFC, organizers or otherwise.

Signature \_\_\_\_\_  
(Guardian if under 18)

**Total Donations**  
(this page) \$



**CARDIAC HEALTH** | **WALK®**  
FOUNDATION OF CANADA | **OF LIFE**