The foundation of kidney care.
Totalement dévouée aux soins du rein.

Pledge Form

Please print legibly

ALIVE TO STRIVE
KIDNEY FITNESS PROJECT

Alive to Strive

1K, 5K & 10K Races

Sunday, April 29, 2018
Terry Fox Athletic Facility/
Hog's Back Rd, Ottawa
Eastern Ontario – Patient Care Program

NAME: _____

ADDRESS: _____

_____

POSTAL CODE: _____

EMAIL: _____

TELEPHONE: _____

WAIVER: I hereby release and discharge The Kidney Foundation of Canada and all other participating distributors, sponsors and event organizers from any claims, injuries, losses or liabilities suffered or incurred as a result of my participation.

SIGNATURE: _____
Signature of Participant or Guardian (if under the age of 18)

Donor Name	Address/City/Postal Code	Telephone	Donation Rec'd
		TOTAL:	

The Kidney Foundation of Canada appreciates your support. At the Foundation, our goal is to make giving simple. We recognize your right to privacy and we pledge to protect it. The information you have provided to us will be used to process your donation(s) and to provide you with a tax receipt. From time to time, we may use your contact information to keep you informed of other activities, events and/or fundraising opportunities in support of the Foundation. If you do not wish to appear on The Kidney Foundation of Canada's contact list, please call 1.800.387.4474, ext. 4987 to have your name removed from our list.

Tax receipts for $20 or more will be issued.