



Active For Autism Walk 2019 - Renewals

Sunday, October 20th at 3:30pm

WAIVER

1. I and/or family release ASNL from any liability in the event of injury during my participation in Active for Autism Y
2. I hereby give permission to give ASNL to post any photos containing my image for promotional purposes Y N

Signature: _____

TEAM NAME: _____

Name: _____

Mailing Address: _____

City: _____

Postal Code: _____

Email Address: _____

Phone: _____

Name: _____

Tel: _____

Email: _____

Pledge: _____

Address: _____

Name: _____

Tel: _____

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Name: _____

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Address: _____

Name: _____

Tel: _____

Email: _____

Pledge: _____

Address: _____

Name: _____

Tel: _____

Email: _____

Pledge: _____

Address: _____

THANK YOU FOR YOUR SUPPORT

TOTAL AMOUNT RECEIVED

\$ _____

Tax Receipts will be sent via email.

For tax-receipting purposes, an email address and a complete mailing address are required. Make cheques payable to ASNL. Donations \$20 and over will receive a charitable tax receipt.

Tel: 709-722-2803 | Fax: 709-722-4926 | E: info@autism.nf.net

YOU CAN SEND AN E-TRANSFER TO CLARA DUNNE – Email: claradunne@hotmail.com