

Please make all cheques payable to Lupus Manitoba, thank you!



Member Organization/Division:		Walk Location:	
Team Leader:		Email:	
Walker Name:		Email:	

Donor Name:	Address:			Phone:	Amt Pledged
Email:					\$20 <input type="checkbox"/> \$50 <input type="checkbox"/>
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Expiry	City:	Province:	Postal Code:	OR \$ _____
_____	____/____				

Donor Name:	Address:			Phone:	Amt Pledged
Email:					\$20 <input type="checkbox"/> \$50 <input type="checkbox"/>
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Expiry	City:	Province:	Postal Code:	OR \$ _____
_____	____/____				

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Email:					\$20 <input type="checkbox"/> \$50 <input type="checkbox"/>
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Expiry	City:	Province:	Postal Code:	OR \$ _____
_____	____/____				

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_____	____/____				

WAIVER MUST BE SIGNED BY WALKER

In signing this release I acknowledge that I understand the intent thereof, and hereby agree to absolve and hold harmless Lupus Canada, the Member Organization/Division in which I am participating in the Walk for Lupus, corporate sponsors, cooperating organizations and any other parties connected with this event in anyway, singly or collectively from and against blame and liability for any injury, misadventure, harm, loss, inconveniences or damage hereby suffered or sustained as a result of participation in the Walk for Lupus, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and photo in connection with this event.



Total Cheques	
Total Credit Cards	
TOTAL	

Signature Parent/Guardian if under 18 years of age

The Lupus Society of Manitoba Inc
105 - 386 Broadway Ave.
Winnipeg, MB R3C 3R6