



Ø Walk in one Heart – Build in one Faith - II ×

Participant Name: \_\_\_\_\_ Age Group:  0-17 Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: ON \_\_\_\_\_

**Walkathon Information:**

☿ Sunday, September 22, 2019 ☿ Time: 1 pm to 5 pm

♥ Location: Phyllis Rawlinson Park

♥ Parking/Sign In: 11715 Leslie St, Richmond Hill

Date to return pledge form : August 18, 25 or September 1, 8, 2019

**Notes to Donors:**

Thank you for your kind and generous support!

- Please submit the pledge funds before September 22, 2019.
- Cheque are made payable to “NTCAC” and please write “NTCAC Fundraising Walkathon 2019” on the cheque memo line.
- Tax receipts will be issued for pledges of \$20 or more. In order to receive a tax receipt, please include your mailing address, email and phone no.

Phase II Expansion Budget : \$1,800,000

Walkathon Fundraising Goal : \$30,000

| DONOR NAME<br>( Please print ) | MAILING ADDRESS | E-MAIL | PHONE NO. | Amount |     | RECEIPT<br>?<br>YES <input type="checkbox"/> |
|--------------------------------|-----------------|--------|-----------|--------|-----|--|
|                                |                 |        |           | CASH   | CHQ |  |
| 1                              |                 |        |           |        |     |  |
| 2                              |                 |        |           |        |     |  |
| 3                              |                 |        |           |        |     |  |
| 4                              |                 |        |           |        |     |  |
| 5                              |                 |        |           |        |     |  |
| 6                              |                 |        |           |        |     |  |
| 7                              |                 |        |           |        |     |  |
| 8                              |                 |        |           |        |     |  |
| 9                              |                 |        |           |        |     |  |
| 10                             |                 |        |           |        |     |  |
|                                |                 |        | TOTAL     | \$     | \$  |  |

# Letter of Consent

I, the parent/legal guardian of \_\_\_\_\_ (name of child), do hereby give permission for my child to participate in church activities. Precautions are taken for the safety of your child, but in the event of accident or sickness, North Toronto Chinese Alliance Church (NTCAC), its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, the parents or legal guardian will be notified immediately. I hereby give permissions to the medical clinic or hospital selected by NTCAC to hospitalize and to secure proper treatment for my child as named above. NTCAC and the staff of the Children/Youth Ministry are not responsible for any legal and other consequences resulting from any accident.

Your child must be covered by the Ontario Health Insurance or equivalent medical insurance.

Ontario Health Insurance Number: \_\_\_\_\_

Special Medical/Allergy Precaution: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of parents/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                            |               |
|----------------------------|---------------|
| <b>For office use only</b> | Form #E _____ |
|----------------------------|---------------|

Received by : \_\_\_\_\_ Date: \_\_\_\_\_

Donation Amount: Cheque: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Total : \$ \_\_\_\_\_