



Registration Form

Please visit our website to register:

<https://www.alzisc.org/walk-with-us>

or use this form and mail to:

6314 Odana Rd. Suite 4, Madison, WI 53719

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I want to:

- Start a team** Team Name: _____ Team Fundraising goal: _____
- I would like a Team Captain Toolkit mailed to me
- Join a team** Team Name: _____ Personal Fundraising goal: _____
- Walk as an individual** Personal Fundraising goal: _____

I am registering to walk in: Green County Columbia/Marquette County Dane County

Grant County Sauk County Crawford County

WAIVER AND RELEASE OF LIABILITY I hereby waive all claims against the Alzheimer's & Dementia Alliance of Wisconsin, sponsors, or any personnel for any injury I might suffer in the event. I attest I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature: _____ Date: _____

(Parent or guardian of walker if under 18 years of age)

I would like to make a donation

\$1,000 \$500 \$250 \$100 \$50 Other Amount: \$ _____

Enclosed is my Cash Donation

Enclosed is my check. (Payable to ADAW)

Please charge my Visa Card MasterCard

Credit Card Number: _____

Expiration Date: _____ CVC: _____

Signature: _____ Today's Date: _____

Donation Tracking Form

Check Location:

- 8/13/2022 Grant County in Lancaster
- 9/10/2022 Green County in Monroe
- 9/11/2022 Columbia/Marquette County in Portage
- 9/18/2022 Dane County in Madison
- 9/24/2022 Sauk County in Baraboo
- 10/1/2022 Crawford County in Prairie du Chien

Walker Name _____ Team Name _____
 Credit Donations to: _____ Participant _____ General Team Donations _____
 Participant Street Address _____
 City, State, Zip _____

Donor Name	Address	Email	Phone	Donation Amount	Check # or Cash

Alzheimer's & Dementia **WALK** STEP FORWARD. GIVE HOPE
 Return Completed Form the day of event or mail to:
 6314 Odana Rd. Suite 4, Madison, WI 53719
 Total Amount Enclosed _____

Please make checks payable to: ADAW