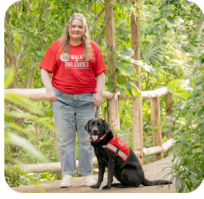


INDEPENDENCE RESTORED. LIVES TRANSFORMED



JOIN A POWERFUL MOVEMENT TO PROVIDE LIFE-CHANGING DOG GUIDES.



DIABETES ALERT

Diabetes Alert Dog Guides are trained to assist Canadians (14 years or older) diagnosed with Type 1 Diabetes.



CANINE VISION

Canine Vision Dog Guides assist Canadians (14 years or older), who are blind or visually impaired.



HEARING

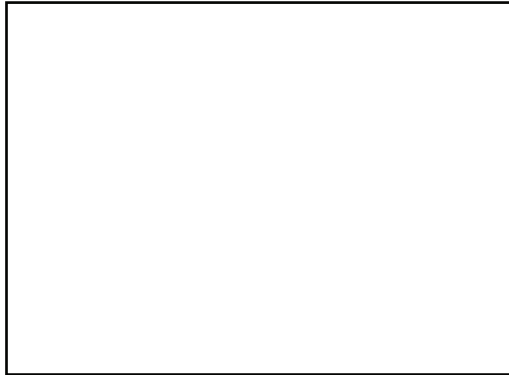
Hearing Dog Guides assist Canadians (16 years or older) who are deaf or hard of hearing.



FACILITY SUPPORT

Facility Support dogs assist Canadian professional agencies working with vulnerable people who have experienced trauma.

JOIN US



SERVICE

Service Dog Guides assist Canadians (14 years or older) who have a physical or medical disability.



SEIZURE RESPONSE

Seizure Response Dog Guides are trained to assist Canadians (14 years or older) diagnosed with intractable epilepsy.



AUTISM ASSISTANCE

Autism Assistance Dog Guides assist children (ages 3-12) on the autism spectrum.



RAISE \$150



Level 1: Socks

RAISE \$500



Level 2: Hotel Style Slippers

RAISE \$1,000



Level 3: Wellness Journal

RAISE \$1,500



Level 4: Waffle Robe

IF YOU WOULD LIKE TO RECEIVE YOUR INCENTIVE CHECK HERE

PARTICIPANT INFORMATION PLEASE FILL OUT COMPLETELY		WHAT CITY/TOWN IS YOUR WALK IN?
First Name ▶	Last Name ▶	Walk City ▶
Address ▶	Unit ▶	Team Name (Optional) ▶
City ▶	Province ▶	Postal Code ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ▶	Telephone ▶ ()	Sex ▶ Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<p>WAIVER RELEASE</p> <p>By participating in Lions Foundation of Canada Dog Guides' Pet Valu Walk for Dog Guides ("the Walk"), I waive and release any and all claims for myself, my heirs, executors, and administrators against all sponsors, officials, and organizers of the Walk for any injury, illness, or death that may directly or indirectly result from my participation in the Walk. I further grant permission for the free use of my name and image in publicity and promotional materials relating to the Walk. I confirm that I am physically fit to participate in the Walk. I have read and fully understand the contents of this waiver and release and agree to its terms prior to participating in the Walk. Lions Foundation of Canada Dog Guides will issue a tax receipt for donations of \$20 or more. Incentives and prizes will be awarded based on total donation amount submitted on the day of the walk.</p> <p>I am 18 years of age or older: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>SIGNATURE: _____ DATE: _____</p>		



- The Pet Valu Family of Stores -



DONORS' INFORMATION PLEASE FILL OUT COMPLETELY

1	First Name ▶		Last Name ▶		DONATION AMOUNT		
	Address ▶		Unit ▶		\$		
	City ▶		Province ▶		Postal Code ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	First Name ▶		Last Name ▶		DONATION AMOUNT		
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	City ▶		Province ▶		Postal Code ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	First Name ▶		Last Name ▶		DONATION AMOUNT		
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	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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8	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	First Name ▶		Last Name ▶		DONATION AMOUNT		
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	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
9	First Name ▶		Last Name ▶		DONATION AMOUNT		
	Address ▶		Unit ▶		\$		
	City ▶		Province ▶		Postal Code ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	First Name ▶		Last Name ▶		DONATION AMOUNT		
10	Address ▶		Unit ▶		\$		
	City ▶		Province ▶		Postal Code ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	First Name ▶		Last Name ▶		DONATION AMOUNT		
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City ▶		Province ▶		Postal Code ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Email ▶		Telephone ▶ ()		PAID? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IMPORTANT	<ul style="list-style-type: none"> • In order to receive a tax receipt, please print your name and complete address CLEARLY. • Please do not add online donations to this form. • This form is for cash and/or cheque donations only. Cheques are payable to Lions Foundation of Canada Dog Guides. 				TOTAL DONATION COLLECTED		\$
					TOTAL DONATION OUTSTANDING		\$

1. Verify TOTAL DONATIONS equals TOTAL DEPOSIT
2. Ensure all cheques are made payable to: **LIONS FOUNDATION OF CANADA DOG GUIDES**
3. Deposit funds to Bank of Montreal - Transit #2382 - Account #1034-912
4. Ensure incentive form is filled out legibly to receive incentive
5. Submit deposit slip and donation forms on walk day or mail to:
LIONS FOUNDATION OF CANADA DOG GUIDES 152 Wilson St. Oakville, ON L6K 0G6