



**CARDIAC HEALTH**  
FOUNDATION OF CANADA

**WALK®**  
**OF LIFE**

# OFFICIAL DONATION FORM

for the Cardiac Health Foundation of Canada. If you need more forms for friends and family, please photocopy. To waive Registration Fee, collect a minimum of \$100 in donations (\$50 for students). You must bring your donation form and donations to Walk Day, Saturday, May 15, 2010.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Tel. \_\_\_\_\_ Bus Tel. \_\_\_\_\_ Team Name \_\_\_\_\_

1. Make cheques payable to Cardiac Health Foundation of Canada
2. Cardiac Health Foundation of Canada issues tax receipts for donations of \$20 or more, if donor's name/address is complete and legible
3. To qualify for Incentive Prizes, please mail completed donation form with money collected by June 15, 2010 to:

Cardiac Health Foundation of Canada, 901 Lawrence Ave. W., Suite 306, Toronto, ON M6A 1C3 Tel: 416.730.8299 E-mail: info@cardiachealth.ca

4. To make a donation online, please go to [www.walkoflife.ca](http://www.walkoflife.ca) | Cardiac Health Foundation of Canada Charitable Registration # 12433 9151 RR 0001

<b>1</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
<b>2</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
<b>3</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
<b>4</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
<b>5</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
<b>6</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #
<b>7</b>	<b>First Name</b>		<b>Last Name</b>		\$  Check If Tax Receipt Required <input type="radio"/>			
	Suite#/Apt#		Address			City	Prov.	Postal Code
	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<b>Card #</b>	Expiry		Name on card	Signature	
	<input type="checkbox"/> Cheque <input type="checkbox"/> MC		Email					Phone #

**Total Donations Collected**

(this page) \$

# SCHEDULE OF EVENTS (RAIN OR SHINE!)

**Saturday, May 15, 2010**  
**Ontario Science Centre**  
**(Free Parking before 9:00am!)**

## 8:00 AM

Sign-in & Registration  
Exhibits & Raffles  
Complimentary Breakfast  
Entertainment  
Activities

### • E<sup>2</sup> SCIENCE CENTRE MODULES:

"The Computer Aging Machine" (age your facial features 30 years!)  
"George The Human Torso" (up-close, hands on interaction)  
"Interactive Experiments"

### • TELETOONS

– presented by Rogers Cable Communications Inc.

Fabulous draw prizes! Contests! Entertainment!

## 9:00 AM

Live Auction

## 9:15 AM

Opening Ceremonies  
Kids King & Queen of Hearts  
Warm Up

## 9:40 AM

Runners Start

## 9:45 AM

Walkers Start

## 10:00 AM

Special "Body Works" Show in the OSC Auditorium – OSC Scientists present an entertaining look at the anatomy and physiology of the human body. Observe real mammalian organs and use technology to observe the HUMAN HEART. Repeated again after the walk at 11:15 am.

## 11:00 AM

Awards Celebration  
Prize Draws and More!

## 11:15 AM

"Body Works" Show Repeated



# REGISTRATION FORM (ONLY IF REGISTERING BY MAIL)



**Early bird deadline: April 20th, 2010.**

Every person must complete and return this form to the Cardiac Health Foundation by May 10th, 2010

If you need more forms for friends and family, please photocopy. Please print clearly.

Adult       Student       Child

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Home Tel. \_\_\_\_\_

Bus Tel. \_\_\_\_\_

Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_

Cash       Cheque       Visa       MasterCard

Card No. \_\_\_\_\_

Exp. \_\_\_\_ / \_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

**CHILDREN UNDER 12 FREE**

Payable to Cardiac Health Foundation of Canada

By registering as a participant in the Cardiac Health Foundation of Canada (CHFC) 2010 WALK OF LIFE® (herein referred to as WOL), I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the CHFC, its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively CHFC), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE and DISCHARGE CHFC and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of CHFC, organizers or otherwise.

Signature \_\_\_\_\_  
(Guardian if under 18)

in Association with  
**CACRC**

Canadian Association  
of Cardiac Rehabilitation

The CACR is a not-for-profit educational organization that represents more than 400 health professionals involved in cardiac rehabilitation across the country.

