

LOCAL WALKS IN YOUR COMMUNITY

2021 Walk for Lupus Saskatchewan Locations and Dates

e-Transfer

Saskatoon:
Sunday, May 30th, 2021
Virtual Walk



Regina:
Sunday May 30th, 2021
Virtual Walk



SASKATOON
MEDIA GROUP



Your Help Counts!

We invite you to come walk with us to raise funds for lupus awareness, support services and research. For more details on how you can help Walk For Lupus to grow in Saskatchewan, please contact Irene Driedger at 1-877-566-6123 or email: idriedger@sasktel.net.

Charitable Registration #11902 5880 RR0001

FUNDRAISING TIPS

- Set a goal
- Lead by example - Pledge yourself first
- Start fundraising early
- Create your donor list
- Do not be afraid to ask
- Get the word out
- Check with your company to see if they have an employee matching program

PLEDGE FORM CHECK-LIST

- Print clearly as tax receipts will be issued for pledges \$10 and over with a complete and legible address.
- Keep a photocopy of your pledge forms.
- Ensure all cheques are made payable to:

LUPUS SK

- Bring your pledges collected and completed pledge forms on the day of the event in the pledge envelope provided.

SUGGESTED DONATION PLAN

Ask 4 family members for \$25	\$100
Ask 5 friends for \$15	\$75
Ask 6 co-workers for \$20	\$120
Ask 5 neighbors for \$10	\$50
Ask 4 businesses for \$25	\$100
Approach 11 people you don't know for \$5	\$55
TOTAL AMOUNT RAISED	\$500

WALK FOR LUPUS
SK Society Inc.
Life Without Lupus



www.lupussk.com

1-877-566-6123

LUPUS SK SOCIETY INC.

Team Leader:

Walker Name:

Walk Location:

Email:

Email:



e-Transfer



Please note that 100% of the money raised by **Walk For Lupus** stays in Saskatchewan contributing to our ongoing efforts of Public Awareness, Public Education, Advocacy for those living with Lupus and of course Lupus Research. **E-transfer donations to: lupus@lupus.sk.com**

Donor Name:	Address:			Phone:	Amt Pledged Cheque_
Email:	City	Province	Postal Code:		Cash_ \$ _

Donor Name:	Address:			Phone:	Amt Pledged Cheque_
Email:	City:	Province	Postal Code:		Cash_ \$ _

Donor Name:	Address:			Phone:	Amt Pledged Cheque_
Email:	City:	Province	Postal Code:		Cash_ \$ _

Donor Name:	Address:			Phone:	Amt Pledged Cheque_
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Donor Name:	Address:			Phone:	Amt Pledged Cheque_
Email:	City:	Province	Postal Code:		Cash_ \$ _

WAIVER MUST BE SIGNED BY WALKER

Charitable Registration # 11902 5880 RR0001

In signing this release I acknowledge that I understand the intent thereof, and hereby agree to absolve and hold harmless Lupus SK Society Inc., the Organization in which I am participating in the Walk for Lupus SK, 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 SK, 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.



Please return this form and all pledges to:

Lupus SK Society Inc.
c/o Irene Driedger
316-158 Pawlychenko Lane
Saskatoon, SK S7V 0C3

Total Cash	
Total Cheques	
PayPal	
TOTAL	

Signature

Parent/Guardian if under 18 years of age

*Please make cheques payable to:
LUPUS SK Please do not send cash in
the mail.*