LOCAL WALKS IN YOUR COMMUNITY

2023 Walk for Lupus Saskatchewan Locations and Dates

Saskatoon:

Sunday June 4th, 2023

Join us at River Landing starting at 12:30pm

Regina:

Sunday May 28th, 2023

Location TBD Watch the website for details



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			





www.lupussk.com 1-877-566-6123

LUPUS SK SOCIETY INC.	Walk Location:
Team Leader:	Email:
Walker Name:	Email:







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@lupussk.com**

Saskatoon, SK, S7N 0W8

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_
Email:	City:	Province	Postal Code:	Cash_ \$_
Donor Name:	Address:		Phone:	Amt Pledged Cheque_
Email:	City:	Province	Postal Code:	Cash_ \$_
WAIVER MUST BE SIGNED BY WALKER Charitable Registration	old harmless Lupus SK Society anizations and any other parties ury, misadventure, harm, loss, K, or any activities associated permission for use of my name SK Society Inc. Please return this and all pledges Lupus SK Societ c/o Irene Dried	LUPUS C	Total Cash	
In signing this release I acknowledge that I understand the intent thereof, and hereby agree to absolve and h. Inc., the Organization in which I am participating in the Walk for Lupus SK, corporate sponsors, cooperating org			Total Cheques	
connected with this event in anyway, singly or collectively from and against blame and liability for any in inconveniences or damage hereby suffered or sustained as a result of participation in the Walk for Lupus \$		Please return this form and all pledges to:	PayPal	
therewith. I hereby consent to and permit emergency treatment in the event of injury or illness, I also give full and photo in connection with this event.		Lupus SK Society Inc. c/o Irene Driedger	TOTAL	
		Box 88 RUH 103 Hospital Drive		

Parent/Guardian if under 18 years of age

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