DIABETES CANADA

Strides
LIONS WALK FOR DIABETES AWARENESS

Strides Diabetes Walk

Leading the fight against diabetes

WALKER'S NAME _____

ADDRESS _____

CITY/TOWN _____

PROVINCE _____ Postal Code: _____

PHONE _____ E-Mail _____

TEAM NAME (Only if applicable) _____

for more forms download at - http://www.e-clubhouse.org/sites/lethbridgewest

November 16, 2025 Strides Diabetes Walk at Wellness Centre Westside indoor track

*Donations $20.00 and over will be issued income tax receipts by the Lions of Alberta Foundation

Please collect pledges in advance. Make checks payable to West Lethbridge Lions Club

SPONSOR'S NAME	ADDRESS/CITY (Please provide clearly and in full or tax receipt may not be issued)	POSTAL CODE	PHONE	Amount Pledged	Receipt Required	Donation Enclosed
Joanne Walker (example)	*104 Sample St.,*	*T1H 2B7*	*403-320-1222*	*$100*	✓	✓
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

TOTAL Donations
$

Pledge sheet full?
Download a blank Pledge form at www.e-clubhouse.org/site/lethbridgeWest/

Release Statement

I, _____, release the Strides Walk sponsors and organizers from any claims or liability resulting from my participation in the Strides Walk.

SIGNED: _____ DATE: _____/_____/_____