

Motorcyclists Fighting Blindness... *the great Canadian tradition continues!*



ALL PARTICIPANTS MUST GO THROUGH REGISTRATION ON THE DAY OF EVENT.
 If you are unable to attend the event, please mail your donations to (do not send cash):
 Ride for Sight, c/o Fighting Blindness Canada, 890 Yonge Street, 12th Floor, Toronto, ON M4W 3P4

To become an Online Fundraiser also, visit rideforsight.com

With this tool you can easily send requests to all your Email Contacts & Facebook Friends to donate to you.

PLEASE PRINT CLEARLY. DO NOT RECORD YOUR ONLINE DONATIONS ON THIS SHEET.

Donations of \$20 or more will automatically receive a Tax Receipt after the Ride.
 For donations less than \$20 you may request a Tax Receipt at 1-800-461-3331

Charitable Registration Number: 119129369 RR0001

Like us on Facebook! **RideforSight**

Follow us on Instagram! **rideforsight_official**

Rider Name: _____ Telephone: _____

Address: _____
 Street #, Street Name City Province Postal Code

Email Address: _____ Brand of Bike: _____

	Donor Name	Address	City, Province	Postal Code	Phone #	Cash/ Cheque	Donation Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

As a participant in Ride for Sight, I, for myself, my heirs, executors, and administrators, waive any claims to which **Total:** _____ I may become entitled for injury or damage caused to me at the event. I release Fighting Blindness Canada, Ride for Sight and all other organizers, sponsors, representatives, volunteers, their agents and employees and any other person or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation. I further state that I am in proper physical condition to participate in this event and possess a valid motorcycle license and vehicle insurance (if I am a Rider), have valid health insurance, and am aware that participation could, in some circumstance, result in physical injury and/or traffic accident causing physical injury. By signing here, I hereby consent to and permit emergency treatment in the event of injury or illness during the event. I also give my permission for the free use of my name and picture for media and marketing materials related to this event. onIRFS2020

I would like to receive Email/Mail from Ride for Sight on Ride for Sight and Fighting Blindness Canada info. CHECK HERE

Signature: _____ Date: _____ 2020 My 1st Ride for Sight or My _____ year

Need more donor sheets? Copy a blank, download or print a sheet from www.rideforsight.com or call 1-800-461-3331 Ext. 224

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Ride for Sight Donations Page 2

Rider Name: _____

Charitable Registration Number: 119129369 RR0001

Total from 1st Page: \$ _____

	Donor Name	Address	City, Province	Postal Code	Phone #	Cash/ Cheque	Donation Amount
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Good Luck with your fundraising!

We look forward to seeing you at the Celebration!

Total Page 2 Donations Only \$ _____

Grand Total (page 1 and page 2) \$ _____

Check www.rideforsight.com/awards to see if you are eligible for any fundraising awards!

If you can't make it to a Celebration, your awards will be mailed to you.

Any questions? info@rideforsight.com 1-800-461-3331 Ext. 224



FIGHTING
BLINDNESS
CANADA

