22nd Annual Ride for Memories

In Support for People with Dementia and their Caregivers

Société Alzheimer Societ

DISTRICTS DE KENORA/RAINY RIVER DISTRICTS



Saturday, August 10, 2024

Hello Riders and generous Ride for Memories supporters!

William Scutt Board President Ride Chair

Dave Canfield

Committee

Committee

Robert Gordon John McTaggart Kevin Kennedy Committee

Jim Harty Board of Director & Committee

The Alzheimer Society's board of directors are thrilled to continue their fundraising initiatives in collaboration with the Ride Committee, supporting the annual Ride for Memories event! This charitable endeavor aims to raise awareness and funds to support individuals and families affected by Alzheimer's disease and other forms of dementia.

Start fundraising https://myevent.com/rideformemories2024









Registration for Each Person Riding

Please provide the following information:	
First Name:	Last Name:
Mailing address:	City:
Province:	Postal Code:
Phone#:	Email:
Alzheimer Ride for Memories 2024, for myself, my heirs, e Kenora/Rainy River Districts, its Volunteers, Directors, C howsoever caused, arising by reason of my participation in the event and notwithstanding the same may have been co agree to hold and save harmless and agree to indemnify all connected with, my participation in the said event.	tion as an entrant in the Alzheimer Society of Kenora/Rainy River Districts' 22nd Annual executors, administrators, successors and assigns hereby release the Alzheimer Society of Officers, and Employees, in respect of death, injury, loss or damage to my person or property in the said event whether as a participant or otherwise, whether prior to, during or subsequent to contributed to occasioned by the negligence of any of the aforesaid and lof the aforesaid from and against all liability incurred by them arising as a result of, or in any way owledge having read, understood, and agreed to the Waiver, I warrant that I am physically fit to participate in the said event whether are a participate in the said event whether are a participate in the said event whether as a participate of the warrant that I am physically fit to participate in the said event whether are a participate in the said event whether as a participate of the warrant that I am physically fit to participate in the said event whether as a participate of the warrant that I am physically fit to participate in the said event whether as a participate of the warrant that I am physically fit to participate in the said event whether as a participate of the warrant that I am physically fit to participate in the said event whether are a participate of the warrant that I am physically fit to participate in the said event whether and the said event whether are a participate of the warrant that I am physically fit to participate in the said event whether are a participated of the warrant that I am physically fit to participate in the said event whether a participate of the warrant that I am physically fit to participate in the said event whether and the said event whether are a participated of the warrant that I am physically fit to participate in the said event whether are a participated of the warrant that I am physically fit to participated of the warrant that I am physically fit to participated of the warrant that I am physically fit to participated of the
Signature ORDER FORM BELOW:	Date
I AM riding and would like to attend the dinner. \$100: includes \$50 Dinner, \$50 Poker Hand (\$25 tax receipt from dinner)	T-shirt ordering: \$25.00 per *Note T-Shirt is not guaranteed unless you check with the office for sizes and inventory Circle the Size and Enter the Number of T-shirts ordered. SmallMediumLargeXX Large
☐ Dinner Only \$50: (\$25 tax receipt) ☐ I AM riding but will NOT attend the dinner. \$25: includes t-shirt	Total #of T-Shirts Ordered Total Paid \$ Office only (by) put aside once paid
	Total Payment (sum of the above, dinner & t-shirt) \$
Payment Method: ☐ MasterCard ☐ Visa ☐	Cheque Cash
Card Number:	Expiry Date:
Signature:	CVV: Postal Code:

Mail to: 618-9th Street North, Kenora, ON, P9N 2S9

Contact us: Tel: (807) 468-1516 or 1-800-682-0245, E-mail: info@alzheimerkrr.com, Fax: (807) 468-9013

Société Alzheimer Society

DISTRICTS DE KENORA/RAINY RIVER DISTRICTS



Alzheimer Society of Kenora/Rainy River Districts/

Société Alzheimer des districts de Kenora/Rainy River

618-9th Street N./618, 9e rue N. Kenora ON P9N 2S9

Tel/Tél.: 807 468 -1516 Toll-Free/Sans frais: 1 800 682-0245

Fax/Téléc.: 807 468-9013 www.alzheimer.ca/krr info@alzheimerkrr.com

Charitable Business Number/Numéro d'organismede bienfaisance: 88961-4970-RR0001 May 1, 2024

Dear Fellow Motorbike Riders and Generous Donors,

As we gear up for the 22nd year of the Alzheimer Society's Ride for Memories, on Saturday, August 10th, a tour of the district, ending the Ride in Fort Frances with dinner and awards. We are filled with excitement and gratitude for the incredible community of riders and supporters that make this event possible year after year.

Each twist of the throttle, each mile we ride, is a testament to our commitment to raising awareness and funds for vital Alzheimer's research, program, and services. Together, we are making a difference in the fight against this devastating disease.

I want to extend a heartfelt thank you to all the riders who have joined us in the past and to those who are considering joining us for the first time. Your presence and participation are invaluable, and I encourage you to spread the word and invite your fellow riders to join us on this meaningful journey. To our generous donors, your generosity fuels our efforts and provides hope to families facing the challenges of dementia. Your contributions enable the Alzheimer Society to continue to provide essential resources, education, and support to those in need.

As we prepare to hit the road once again, let's ride with passion, and determination to make a difference!

On behalf of the Ride Committee, board members, thank you for your unwavering support, and I look forward to seeing you all at the starting line for another unforgettable Ride for Memories!

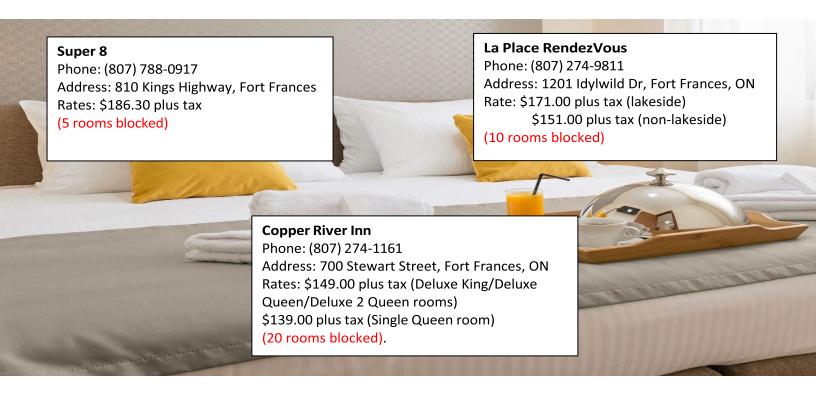
Dave Canfield, Ride Chair Alzheimer Society Ride for Memories - 2024

Board Chair: William Scutt, Board of Directors, Jim Harty, Ride Committee: Robert Gordon, Kevin Kennedy, John McTaggart

Hotel Accommodations 2024

We have blocked rooms at the following hotels in Fort Frances for August 10th, 2024.

To guarantee your hotel room(s), please book ASAP as the rooms will be **released** on July 10th, 2024.



Make sure to book your rooms under Ride for Memories, Alzheimer Society Kenora/Rainy River Districts

If you have any questions, to please contact us by email at info@alzheimerkrr.com or by telephone, 807-468-1516

Annual Ride for Memories 2024 Pledge Form

First Name:	rst Name:Last Name:								
Address:									
City:	Province: Postal Code:								
Phone:	_E-mail:								
Please print clearly. We will pr	rovide tax receipts for amount	es of \$10 or more.	Your address must	match your income tax	address.				
First/Last Name	Mailing Address	City/Prov	Postal Code	Telephone #	Pledge	Collected	Receipt # Office use		
Jane Doe	301 Airport Road	Kenora	P9N 30A	548-0989	\$20.00	\$20.00			
TOTAL									

The Alzheimer Society of Kenora/Rainy River Districts respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. The information you provide will be used to keep you informed about the Society.

Annual Ride for Memories 2024 Pledge Form

First/Last Name	Mailing Address	City/Prov	Postal Code	Telephone #	Pledge	Collected	Receipt #
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Jane Doe	301 Airport Road	Kenora	P9N 30A	548-0989	\$20.00	\$20.00	
TOTAL							
	Kenora / Rainy River Districts respe			1: 6			

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Notes

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Contact us: 618-9th Street North, Kenora, Ontario, P9N 289, Phone: (807) 468-1516 or 1-800-682-0245, E-mail: info@alzheimerkrr.com