



## Walk in a Box host report

Contact first name: \_\_\_\_\_

Contact last name: \_\_\_\_\_

Host location/organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Walk in a Box date: \_\_\_\_\_

☐ Retirement community ☐ Office ☐ School ☐ Retail business

☐ Other: \_\_\_\_\_

Amount collected: \$ \_\_\_\_\_ Number of participants: \_\_\_\_\_

Please share with us any comments/feedback you have about your Walk in a Box host experience.

What host kit items did you find most useful?

How did you hear about Walk in a Box?

Thank you for taking the time to fill out this report. We appreciate your feedback and hope that you enjoyed participating in the *IG Wealth Management Walk for Alzheimer's*!

Kindly return the completed form along with your pledge forms and cheques or money orders to the address on the right. Please do not mail cash.