



Pledge Form

GET FREE REGISTRATION! A minimum of \$200/individual or \$400/group in **total** pledges is required in lieu of Registration Fee. The individual who raises the most pledges will win our Grand Prize!

Pledges must be returned by Wed. Sept. 25th to the Pembroke Regional Hospital Foundation: 705 Mackay St, Pembroke ON K8A 1G8

Please complete all information.

<u>All PROCEEDS WILL SUPPORT THE CUTTING EDGE CAMPAIGN TO UPGRADE THE PRH SURGICAL FLOOR & BACK THE ORTHOPAEDIC PROGRAM</u> Official tax receipts will be issued for donations of \$10 and up. Cheques must be payable to the PRH Foundation.

Participant Information:

First Name	Last Na	me	C. C.	
Mailing Address		Suite	e/Apt. No.	
City		Province		Postal Code
Phone	Email Address		1 M	

Sponsor's Information

Sponsor's Name	Address	City	Province	Postal Code	Telephone	Pledge Amount
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Sponsor's Name	Address	City	Province	Postal Code	Telephone	Pledge Amount

Please accept my total pledge submission of \$

Thank you for your support!

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Fondation de l'Hôpital Régional de Pembroke