



## 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. 25<sup>th</sup> 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