



PLEDGE FORM



Our Hospital Walk/Run

Last Name: _____ **First Name:** _____

Mailing Address: _____

Email: _____ **Home Phone:** _____

The pledge collector is responsible for all pledge collections. Receipts will be issued to donors who indicate **receipt required**. Cheques should be made payable to North Bay Regional Health Centre Foundation. For receipting purposes, please include all required information and print clearly.

Contributors Name	Address, City	Postal Code	Telephone #	Amount
				\$ Paid <input type="checkbox"/> Receipt Required <input type="checkbox"/>
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Closing our community's healthcare gap –Thank you for your gift!	Total \$
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Collecting \$20- \$39.99 in pledges will include your *April and Friends* registration and an *April & Friends* lunch bag. Collecting \$40 + you will receive the *April & Friends* steel water bottle and lunch bag. Collecting \$60+ you will receive the book *Farley and the Lost Bone* by Lynn Johnson, the *April & Friends* lunch bag & steel water bottle.