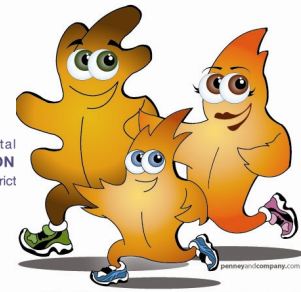




North Bay and District Hospital
FOUNDATION ♥ **FONDATION**
 de l'Hôpital de North Bay et du district



Plenary Health presents **4th Annual**
Our Hospital Walk/Run
In association with PCL Johnson Controls



PLEDGE FORM

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 and District Hospital 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 a plush Farley.
 Collecting \$40 + you will also receive a signed book by Lynn Johnson, *Farley Follows His Nose*.