Plenary Health

presents

Our Hospital Walk/Run

Pledge Form

YES! I want to support my hospital!

Funds raised through *Our Hospital Walk/Run* helps North Bay Regional Health Centre provide advanced levels of care, expand services, improve and develop new programs, and bring leading-edge medical technology to our community.

Thank you for caring!

Last Name:		**First Name:**
Team Name:		
Mailing Address:	**City:**	**Postal Code:**
Email:		
Home Phone:		**Business phone:**

The pledge collector is responsible for all pledge collections. Receipts will be issued to donors who indicate "☑ Receipt Required". Make cheques payable to NBRHC Foundation. For receipting purposes, please include all required information and print clearly.

Name	Mailing Address	Postal Code	Telephone	Donation Amount
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			Visa or MasterCard $ Receipt Req. □ _ _ _ _/_ _ _ _/_ _ _ _/ _ _ _ _ Exp. Date _ _/_ _	
Enhancing your healthcare, close to home. Thank you for your gift!			TOTAL $	

For additional Pledge Forms please visit the NBRHC Foundation: 50 College Drive, North Bay 705-495-7562 OR visit ***www.ourhospitalwalkrun.ca*** *to print extra forms as needed.*

Charitable No. BN88773 1123 RR0001

North Bay Regional Health Centre Foundation

Fondation du Centre régional de santé de North Bay

Name	Mailing Address	Postal Code	Telephone	Donation Amount
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