Presented By: Plenary Health

Pledge Form

YES! I want to support my hospital!

Funds raised through *Our Hospital Walk/Run* helps North Bay Regional Health Centre provide urgently needed advanced medical equipment to serve your community.

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
				$ Paid □ Receipt Req. □
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			Visa or MasterCard	$ Receipt Req. □ _ _ _ _ /_ _ _ _ /_ _ _ _ / _ _ _ _ Exp. Date _ _/_ _
			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

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			Visa or MasterCard □ _ _ _ _ /_ _ _ _ /_ _ _ _ / _ _ _ _	$ Receipt Req. Exp. Date _ _/_ _
Thank You!			TOTAL $	

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