



Presented By:



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 <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$	Receipt Req. <input type="checkbox"/> Exp. Date __/__/__
			Visa or MasterCard \$	Receipt Req. <input type="checkbox"/> 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

Name	Mailing Address	Postal Code	Telephone	Donation Amount
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
				\$ Paid <input type="checkbox"/> Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
			Visa or MasterCard \$ _____ / _____ / _____ Exp. Date ____/____/____	Receipt Req. <input type="checkbox"/>
Thank You!			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

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