



Our Hospital Walk/Run

Presented by:  Plenary Health



Yes, I want to collect pledges to support my local hospital!

Funds raised through *Our Hospital Walk/Run* help North Bay Regional Health Centre purchase state-of-the-art medical equipment to care for our community.

| | |
|-------------------|--------------------|
| Last Name: | First Name: |
| Team Name: | Phone: |

Receipts are issued for donations of \$20 or more if the donor's name and address are complete and legible.
Please make cheques payable to NBRHC Foundation.

| Name | Mailing Address | Phone | Donation | Circle One |
|--|-----------------|-------|--------------|------------------------|
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| <i>Inspiring investment in exceptional healthcare close to home.</i> | | | TOTAL | \$ |

Please submit this pledge sheet with all funds collected on race day.
For additional pledge forms, visit ourhospitalwalkrun.ca



Charitable No. BN88773 1123 RR0001



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