

PLEDGE FORM

5th Annual QEH/PCH
bed pan trophy
R E L A Y



QEH Foundation
CARE TODAY FOR TOMORROW
PCH FOUNDATION
June 15th, 2019

Participant's Name: _____ Address: _____

TEAM NAME: _____ Email: _____

**Minimum pledge total
of \$25.00 to be entered.**

- *Pledges \$10 and higher are eligible for a tax receipt. All fields below must be filled out to receive a charitable tax receipt.*
- *Runners/participants are not eligible for a charitable receipt due to value received.*

	Donor First and Last Name	Street/Mailing Address	City	Prov.	Postal Code	Donation Amount	Method of Payment	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
TOTAL								

Note: Donations by Credit Card can be made by donating online at www.qehfoundation.pe.ca, or www.pchcare.com, or over the phone by calling the QEH Foundation at 902-894-2425, or the PCH Foundation at 902-432-2547. *Please return pledge form to Foundation office by June 13th!*

	Donor First and Last Name	Street/Mailing Address	City	Prov.	Postal Code	Donation Amount	Method of Payment
11.							
12.							
13.							
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22.							
23.							
24.							
TOTAL PAGE 1							
TOTAL PAGE 2							
GRAND TOTAL							

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