

**Ste Anne Hospital Health Walk**

**PLEDGE FORM**

**Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name and complete address (for official donation receipt)** | **Amount** |
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| **Total** |  |

**Receipt for donation of $20 or more only**

**GRAND PRIZE for most money raised!**

**ALL PROFITS GOING TO THE STE ANNE HOSPITAL FUND INC.**

**Ste Anne Hospital Health Walk**

**Saturday, June 1st, 2019 at 10:00 a.m.**

**For more information visit** [**www.steannehospitalfund.ca**](http://www.steannehospitalfund.ca)

**or Lorraine at 204 392-3971**