



# PLEDGE FORM

|                   |               |
|-------------------|---------------|
| PARTICIPANT NAME: |               |
| ADDRESS:          | PHONE NUMBER: |

Saturday, February 7th, 2026  
No Snow Date: February 14th or 21st  
12 noon onwards  
Kingston Peninsula & surrounding area

Please return this form to Denise Miller (506) 644-9893 no later than February 7th, 2026.

Kindly ensure that all the information requested below is verified and completed for the processing of your charitable tax receipt.

| DATE | NAME | FULL MAILING ADDRESS | PHONE NUMBER | EMAIL | DONATION AMOUNT | PAID | RECEIPT REQUIRED |
|------|------|----------------------|--------------|-------|-----------------|------|------------------|
|      |      |                      |              |       |                 |      |                  |
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|      |      |                      |              |       |                 |      |                  |



Scan the QR code to  
donate online

THANK YOU FOR YOUR SUPPORT!

Please make cheques payable to:  
**Saint John Regional Hospital Foundation**  
\*\*minimum donation of \$20 required for tax receipt\*\*  
Foundation Charitable Registration # 11913.2363.RR0001

Total donations \_\_\_\_\_



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## PAGE 2

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