



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



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 _____



**SAINT JOHN
REGIONAL HOSPITAL
FOUNDATION**

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