



PLEDGE FORM

PARTICIPANT NAME:	
ADDRESS:	PHONE NUMBER:

Saturday, February 15, 2025
 Rain date: February 22 / March 1
 12 noon onwards
 Kingston Peninsula & surrounding area

Please return this form to Denise Miller (506) 644-9893 no later than February 15th, 2025.

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 _____



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