

## Pledge Form

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please make cheques payable to **WPSHC Foundation**. It is the participant's responsibility to collect all pledges. Monies should be turned in to the WPSHC Foundation office by **Friday, May 31, 2024**.

Tax receipts will be issued for offline donations of \$10.00 or more.

Online donations (made at [LoveOurHospital.com](http://LoveOurHospital.com)) are receipted automatically by email.

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**NO Minimum pledge required to participate in the event. But pledges count!  
 Pledges will support the purchase of new equipment in the Rehab Unit. So please pledge generously.**

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**Register Online at [LoveOurHospital.com](http://LoveOurHospital.com)**

Please Print	Cash Amount	Cheque Amount	Online Amount	Receipt
Name:				
Address:				
City: Postal Code:				
Name:				
Address:				
City: Postal Code:				
Name:				
Address:				
City: Postal Code:				
Name:				
Address:				
City: Postal Code:				
Name:				
Address:				
City: Postal Code:				

Total Received: \$ \_\_\_\_\_

**Thank you for helping to buy equipment that keeps hospital care where we live, work, and play!**

