

Sunday, May 31, 2020 - 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, 20**. Tax receipts will be issued for donations of \$10 or more.

In 2019 we will pay for the Emergency Purchase of a Bi-PAP / Ventilator

Minimum pledge required to participate in the event:

Minimum Pledges:

\$100 - Adults \$75 - ages 14-18 \$50 - under 14 **FREE registration** - \$200

Family Rate (4+) - Half of the minimum pledges for that age group plus registration fee of \$25

Pledge Online at PSRUN.com

Please Print	Cash Amount	Cheque Amount	Online Amount	Receipt
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Total Received \$ _____

Please make all cheques payable to: WPSHC Foundation

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Total Received \$ _____

Our Patients thank you for helping to buy equipment that keeps hospital care local!

Thank you to our 2020 Route Sponsors!



kawartha
CREDIT UNION

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