



THANKSGIVING DAY RACES PLEDGE FORM

Participant Name: _____ Tel: _____

Address: _____ City: _____ Postal Code: _____

I'm participating in: ___ 5k ___ 3-in-1 ___ 3k ___ 1-mile ___ 1km youth run ___ 100m kids
(check all that apply)

Donor Name	Donor Mailing Address Street #, Rural Route, City, Province	Postal Code	Telephone & Email	Amount	Cash or Cheque	Received ✓
			T E		CHQ./ Cash	
			T E		CHQ./ Cash	
			T E		CHQ./ Cash	
			T E		CHQ./ Cash	
			T E		CHQ./ Cash	
			T E		CHQ./ Cash	
			T E		CHQ./ Cash	

We appreciate your support of Guelph General Hospital through its Foundation. The information you provide will be used to provide tax receipts and local community updates. For more information visit www.gghorg.ca or if at any time you wish to be removed from our list, simply contact 519-837-6422.

- Please photocopy this form if you need extras
- Make cheques payable to The Foundation of Guelph General Hospital
- Receipts will be issued for all donations of \$20 or more, unless requested
- Collect the money when the sponsor agrees to contribute
- Charitable Registration # 84345 4190 RR0001

\$	Subtotal (this page only)
\$	Grand Fundraising Total

Signature of Participant

Parent/Guardian if under 18

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