



# THANKSGIVING DAY RACES PLEDGE FORM

Participant Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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	
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			T E		CHQ./ Cash	
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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](http://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

\$	<b>Subtotal (this page only)</b>
\$	<b>Grand Fundraising Total</b>

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent/Guardian if under 18

Page: \_\_\_\_\_ of \_\_\_\_\_