



**Sunday, September 29, 2019 - Gellert Community Centre**

**Name of Participant:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you registered online? Yes** \_\_\_\_ **No** \_\_\_\_

Please note that pledges by credit card are welcome but must be made securely by visiting the Walk/Run website at [www.georgetownhospitalfoundation.ca](http://www.georgetownhospitalfoundation.ca) or over the phone by calling the Foundation Office directly at 905-873-0111 ext. 8221.

**DONATIONS:**

Name & Address (full address is required for tax receipt)	Pledge Amount	E-mail Address & Phone Number	Payment Method	Check if Receipt Required
		e-mail: _____ phone number: (____) _____ - _____	<input type="checkbox"/> cash <input type="checkbox"/> cheque	<input type="checkbox"/>
		e-mail: _____ phone number: (____) _____ - _____	<input type="checkbox"/> cash <input type="checkbox"/> cheque	<input type="checkbox"/>
		e-mail: _____ phone number: (____) _____ - _____	<input type="checkbox"/> cash <input type="checkbox"/> cheque	<input type="checkbox"/>
		e-mail: _____ phone number: (____) _____ - _____	<input type="checkbox"/> cash <input type="checkbox"/> cheque	<input type="checkbox"/>

**Please make cheques payable to the Georgetown Hospital Foundation**  
**Donations \$10 & over will receive a tax receipt**



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