MDS Nordion RUN FOR A REASON THE OTTAWA HOSPITAL CHALLENGE

The Ottawa Hospital Foundation | La Fondation de l'Hôpital d'Ottawa

Pledge Form

Please print clearly and ensure that all information is correct.

INFORMATION

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Tel. ( ) _____ Work ( ) _____

E-mail _____ Age (on race day) _____

I am unable to participate but please find my donation for $ _____

Team Name: _____
(If applicable)

Pledges will be directed to the Team's designation within The Ottawa Hospital.

PLEASE INDICATE EVENT ENTERED OR IF RAISING PLEDGES ONLY

- ○ Ottawa Marathon
- ○ Ottawa Marathon Walk
- ○ Ottawa Half Marathon
- ○ Ottawa Half Marathon Walk
- ○ Wheelchair Marathon
- ○ 10K
- ○ 5K
- ○ Family 2K
- ○ Raising Pledges Only

NOTE TO CONTRIBUTORS

- Pledge collector will be responsible for all pledge collection.
- Official tax receipts are given for pledges of $15 or more.
- Cheques should be made to The Ottawa Hospital Foundation.
- Print clearly and provide complete address to receive receipt.

Please direct my pledges to:

☐ Where it is needed most

☐ Other: _____
(please specify)

DONOR'S NAME	ADDRESS	CITY	PROV.	POSTAL CODE	TELEPHONE	PLEDGE AMOUNT
				TOTAL $		

The Ottawa Hospital Foundation Charitable Registration #: 86904 2747 RR0001

Drop off your pledge sheet and collected funds at the Pfizer Health and Fitness Expo, Aberdeen Pavilion, Lansdowne Park May 27, 4 p.m. - 8 p.m. May 28, 10 a.m. - 8 p.m. or May 29 9 a.m. - 4 p.m.

You can also fundraise online!

Visit www.ohfoundation.ca to create your personal fundraising Web page.

For more information contact:
(613) 798-5555 ext. 19821 or events@toh.on.ca