

Please help us raise funds
by collecting pledges for
Joseph Brant Hospital Foundation.

(Turn in this form along with pledges at registration. Form may be photocopied.)

PARTICIPANT - (Please print clearly.)

Name: _____

Address: _____

Postal Code: _____ Phone: (_____) _____

PLEDGES - (Please print clearly. Tax receipts will be issued as per CRA regulations.)

Name: _____

Address: _____

Postal Code: _____ Phone: (_____) _____

Pledge Amount: \$ _____

Method of payment: _____

Name: _____

Address: _____

Postal Code: _____ Phone: (_____) _____

Pledge Amount: \$ _____

Method of payment: _____

Name: _____

Address: _____

Postal Code: _____ Phone: (_____) _____

Pledge Amount: \$ _____

Method of payment: _____

Name: _____

Address: _____

Postal Code: _____ Phone: (_____) _____

Pledge Amount: \$ _____

Method of payment: _____

Name: _____

Address: _____

Postal Code: _____ Phone: (_____) _____

Pledge Amount: \$ _____

Method of payment: _____

FOR OFFICIAL USE ONLY:

Received by: _____

Total Pledge Amount: \$ _____

Total Amount Received: \$ _____

*VR PRO is offering free race entry to anyone raising \$500.00 or more for Joseph Brant Hospital Foundation in Burlington, Ontario. Email vrpro@sympatico.ca or call (905) 512-2488 for details.