

Saint John Cardiac REHAB WALK

PLEDGE FORM

Saturday,
September 7th, 2024
8:30 am to 12 noon
Market Square, Saint John

PARTICIPANT NAME:

Please ensure that all the information requested below is verified and completed for the processing of your charitable tax receipt.

DATE	NAME	FULL MAILING ADDRESS	PHONE	EMAIL	DONATION AMOUNT	PAID	RECEIPT REQUIRED	IN MEMORY OF MURRAY

Signature of participant _____

Total donations _____



Scan the QR code to donate online

THANK YOU FOR YOUR SUPPORT!

Please make cheques payable to:
Saint John Regional Hospital Foundation
 minimum donation of \$15 required for tax receipt
 Foundation Charitable Registration # 11913.2363.RR0001

