

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

E-Mail: _____ Age: _____

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

☐ Marathon ☐ Half-Marathon
☐ 10km ☐ 5km
☐ 2k ☐ Bytown Team
 Challenge

PLEASE NOTE:

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

[illegible]

YOU CAN ALSO FUNDRAISE ONLINE!

The Ottawa Hospital Foundation
737 Parkdale Avenue, 1st Floor, Box 610,
Ottawa, ON. K1Y 1J8

Visit www.raceroster.com to create your personal fundraising page.
For more information contact: (613) 798-5555 ext. 19832 or events@toh.ca
Charitable Registration No. 86904 2747 RR0001