The Ottawa Hospital

PLEDGE FORM

RUN FOR A REASON
AT TAMARACK OTTAWA RACE WEEKEND

DO THE RUN IN SUPPORT OF THE OTTAWA HOSPITAL

Please print clearly and ensure that all information is correct.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

E-Mail: _____ Age: _____

Team Name:
(if applicable)

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

Please indicate event entered

☐ Marathon ☐ Half-Marathon
☐ 10km ☐ 5km
☐ 2k ☐ Kid's Marathon

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.**

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

YOU CAN ALSO FUNDRAISE ONLINE!

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

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