



| Please print clearly and ensure that all in | nformation 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: | F | Pledges will be directed to the Team's designation within The Ottawa Hospital. |
| Please indicate event entered | NOTE: . The pledge collector will be responsible for | all pledge collections |

| Marathon | Half-Marathon |
|----------|------------------|
| 10km | 🔲 5km |
| 2k | 🗌 Kid's Marathon |

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 |
|--------------|---------|------|-------|-------------|-----------|--------|
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YOU CAN ALSO FUNDRAISE ONLINE! Visit www.raceroster.com to create your personal fundraising page.

The Ottawa Hospital Foundation

The Ottawa Hospital Foundation 737 Parkdale Avenue, 1st Floor, Box 610, Ottawa, ON. K1Y 1J8 Charitable Registration No. 86904 2747 RR0001 (613) 798-5555 ext. 19832 or events@toh.ca



runforareason.ca

TOTAL: