

SUPPORT THE OTTAWA HOSPITAL AT TAMARACK OTTAWA RACE WEEKEND

PLEDGE FORM

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

YOU CAN ALSO FUNDRAISE ONLINE!

Visit www.raceroster.com to create your personal fundraising page.

TOTAL: _____



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

RunForAReason.ca

