September 17-18, 2022

Team Name:

Division:

Cape Breton Regional Hospital Foundation

Event Name: 7th Annual Because You Care Cup

Name:_____

Address:_____

Postal Code_____

Phone Number:_____ Email:_____

REGIONAL HOSPITAL FOUNDATION

PLEASE PRINT CLEARLY

Donor Name	Mailing Address	City	Province	Postal Code	$ Pledged	$Collected	Receipt Req'd?
					Total		

Please make cheques payable to the Cape Breton Regional Hospital Foundation.
Donor's name & address must be complete and legible. Tax receipts will be issued for donations of $20 or more & will be mailed directly to donors.

BECAUSE YOU CARE CUP
CBRHF

Thank you for your Support!

Charitable registration #13040 4593 RR0001