Cape Breton Regional Hospital Foundation

Event Name: All for Lungs & Lungs for All

Name:_____

Address:_____

Postal Code_____

Phone Number:_____ Email:_____

Team Name (if applicable): _____

PLEASE PRINT CLEARLY

Donor Name	Mailing Address	City	Province	Postal Code	$ Pledged	$ Collected	Receipt Requested?
					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.

Charitable registration #13040 4593 RR0001