

Caleb's SUPERHERO Walk, Run, Fly!



Pledge Raiser Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone #: _____ Email: _____

Team Name (if applicable): _____ Date: _____

PLEASE PRINT CLEARLY

Donor Name	Mailing Address	City	Prov.	Postal Code	Phone #	\$ Collected
TOTAL RAISED						\$

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 and mailed directly to donors for gifts of \$20 or more

THANK YOU FOR YOUR SUPPORT!