YOUR HEALTH 🌭 YOUR WAY

MOVE FOR A HEALTHY COMMUNITY

Pledge Form

Name:

Telephone #:

Please make cheques payable to **WPSHC Foundation**. It is the participant's responsibility to collect all pledges. Monies should be turned in to the WPSHC Foundation office by **Wednesday, May 31, 2023**.

Tax receipts will be issued for offline donations of \$10.00 or more.

Online donations (made at LoveOurHospital.com) are receipted automatically by email.

NO Minimum pledge required to participate in the event. But pledges count! Pledges will support the purchase of new equipment in the Rehab Unit. So please pledge generously.

Register Online at LoveOurHospital.com

Please Prir	nt	Cash Amount	Cheque Amount	Online Amount	Receipt
Name:					
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Total Received: \$_____

Thank you for helping to buy equipment that keeps hospital care where we live, work, and play!





Please make all cheques payable to: WPSHC Foundation

Please Print		Cheque Amount	Online Amount	Receipt
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Total Received: \$_____

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Questions? Contact the WPSHC Foundation office at 705-746-4540 ext 3347 or foundation@wpshc.com



