



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, June 4th, 2025**.

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 final stages of the \$1.1 million Surgical Suite updates. So please pledge generously.

Register Online at LoveOurHospital.com

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

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



WEST PARRY SOUND
HEALTH CENTRE
FOUNDATION

Please make all cheques payable to: **WPSHC Foundation**

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Total Received: \$ _____

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