PLEDGE FORM FOR L & A HOSPITAL EVENT

Participant's Name: _____ Telephone number: _____

Please print clearly (we cannot issue tax receipts for unreadable information). For additional pledge forms, copy this blank form.

Sponsor's name	Address (include Apt#)	City	Postal code	Telephone number	Amount pledged & collected
Sample: M. Walker	123 River Street, Apt. # 5A	Napanee	K7R 1Y9	613-354-0000	$25
				TOTAL AMOUNT COLLECTED	

ALL MONIES COLLECTED MUST BE SUBMITTED ON OR BEFORE THE EVENT.

CHEQUES SHOULD BE MADE OUT TO: LACGH FOUNDATION.

*Receipts are automatically issued for all pledges $10 and over.