



**SUPPORTING
CANCER CARE IN
OUR HEALTH CENTRE
& ROTARY PROJECTS**

*formerly known as the
Race*



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 **Friday, June 14th, 2019**. Tax receipts will be issued for donations of \$10 or more.

Help us to fight cancer in Parry Sound - In 2019 we will be helping to purchase CV5030's coverslipping for the Laboratory allowing removed biopsies to be preserved for 30 years.

Pledge Online at PS3pitch.com

Please Print	Cash Amount	Cheque Amount	Online Amount	Receipt
Name:				
Address:				
City: _____				
Postal Code: _____				
Name:				
Address:				
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Total Received \$ _____