

Pledge Form

Participant Name: _____

All funds raised for St. Joseph's Hospital Foundation support local healthcare in Southeast Saskatchewan.

Full Name	Mailing Address	City/Province	Postal Code	Email	Phone	Donation
					Total	

Event Date: _____ Event Name: _____

Please make all cheques payable to: St. Joseph's Hospital Foundation
Tax receipts will be issued for donations of \$20 or more.