

# Pledge Form



Participant Name: \_\_\_\_\_

**All money raised for Jim Pattison Children's Hospital Foundation benefits maternal and pediatric healthcare across Saskatchewan.**

Full Name <small>(first, mid. initial, last)</small>	Mailing Address	City/Province	Postal Code	Email	Phone	Donation
<b>Total</b>						

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

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