Donation Form

CARE TODAY FOR TOMORROW



Event Name: 2nd Annual QEH/PCH Bedpan Trophy Relay – June 18, 2016

Participant's Name: ______

TEAM NAME: _____

- Pledges \$10 and higher are eligible for a tax receipt. All fields below must be filled out to receive a charitable tax receipt.
- Runners/participants are not eligible for a charitable receipt due to value received.

Method of Donation **Donor First and Last Name Street/Mailing Address** City Prov. Postal Code Amount Payment 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. TOTAL

<u>Note</u>: Donations by Credit Card can be made by donating online at <u>www.qehfoundation.pe.ca</u>, or <u>www.pchcare.com</u>, or over the phone by calling the QEH Foundation at 902-894-2425, or the PCH Foundation at 902-432-2547.

Minimum pledge total of \$25.00 to be enter.

	Donor First and Last Name	Street/Mailing Address	City	Prov.	Postal Code	Donation Amount	Method of Payment
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