



Donation Form

Participant's Name: _____ Address: _____

TEAM NAME: _____ Email: _____

**Minimum pledge total
of \$25.00 to be enter.**

- *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.*

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

Note: Donations by Credit Card can be made by donating online at www.pchcare.com, or over the phone by calling the PCH Foundation at 902-432-2547.

	Donor First and Last Name	Street/Mailing Address	City	Prov.	Postal Code	Donation Amount	Method of Payment
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
TOTAL							