

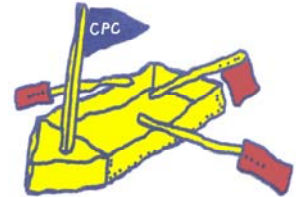


6th Annual Plywood Cup

Presented by



YARA



PLEDGE FORM

Team Name: _____ Shipmate's Name: _____

Address: _____ Postal Code: _____

Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____

Total Pledges Raised: _____ Signature: _____

Charitable donation receipt will be issued by the Hospitals of Regina Foundation for all donations \$20.00 or more.
For donations less than \$20 tax receipts will be issued only when requested.

CHEQUES PAYABLE TO: HOSPITALS OF REGINA FOUNDATION

Name: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____
Address: _____ Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cheque
Phone: Work: _____ Home: _____ Cell: _____	Card # _____
E-mail: _____	Expiry date: _____

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E-mail: _____	Expiry date: _____

The Hospitals of Regina Foundation respects the privacy of our donors. We do not sell, trade or lease personal information. For further information on our privacy practices, please visit our web site at www.hrf.sk.ca.

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