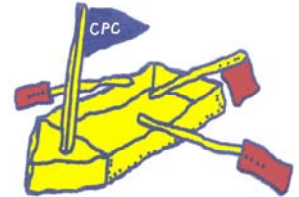




7th Annual Plywood Cup

Presented by



PLEDGE FORM

Benefiting the Hospitals of Regina Foundation
Wascana Lake, Friday, July 1, 2011 – 11:00 a.m. Registration

Team Name: _____ Shipmate's Name: _____

Address: _____ Postal Code: _____

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

Pledges Raised (paper): _____

Total Pledges: _____

Pledges Raised (Online*): _____

(online and paper)

- Please note: You do not have to recopy online pledges onto form. Simply print out online pledges from website and attach.
- A 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 issued only when requested. Receipts will be issued as appears in pledge information.

Charitable Registration No: 119114056RR0001

CHEQUES PAYABLE TO: HOSPITALS OF REGINA FOUNDATION

TOTAL OFFLINE (PAPER) PLEDGES

Subtotal pledges and payments for each page and enter below. At the end, total columns and pledge amount should equal the sum of all other columns.

	Pledge Amount	Payments	
		Cash	Cheque
Page 1	_____	_____	_____
Page 2	_____	_____	_____
Page 3	_____	_____	_____
Page 4	_____	_____	_____
Page 5	_____	_____	_____
Page 6	_____	_____	_____
Page 7	_____	_____	_____
Page 8	_____	_____	_____
Page 9	_____	_____	_____
Page 10	_____	_____	_____
TOTALS:	_____	_____	_____

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.

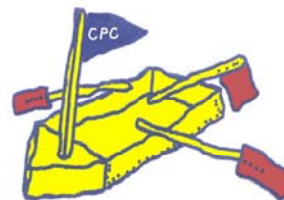


7th Annual Plywood Cup

Presented by



YARA



PLEDGE FORM

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Wascana Lake, Friday, July 1, 2011 – 11:00 a.m. Registration

Team Name: _____ Shipmate's Name: _____

Address: _____ Postal Code: _____

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

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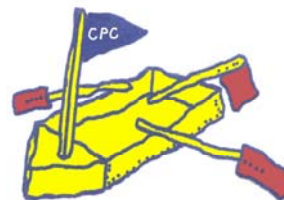
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
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Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required

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Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required
Name: _____ Address: _____ Postal Code: _____ Phone: Work: _____ Home: _____ Cell: _____ E-mail: _____	<input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Tax Receipt required

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