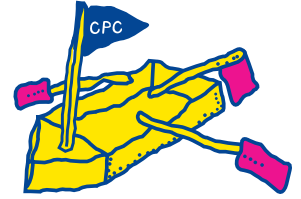




14<sup>th</sup> Annual  
**PLYWOOD CUP**  
 Presented by  **YARA**



### PLEDGE FORM

Team Name: \_\_\_\_\_ Shipmate Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone - Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Total Pledges Raised: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Charitable donation receipt will be issued by the Hospitals of Regina Foundation for all donations \$20.00 or more.

#### CHEQUES PAYABLE TO: HOSPITALS OF REGINA FOUNDATION

Name: _____ Address: _____ Postal Code: _____ Phone - Work: _____ Home: _____ Cell: _____ E-mail: _____	Donation Amount: \$ _____ Cash _____ Cheque # _____
Name: _____ Address: _____ Postal Code: _____ Phone - Work: _____ Home: _____ Cell: _____ E-mail: _____	Donation Amount: \$ _____ Cash _____ Cheque # _____
Name: _____ Address: _____ Postal Code: _____ Phone - Work: _____ Home: _____ Cell: _____ E-mail: _____	Donation Amount: \$ _____ Cash _____ Cheque # _____
Name: _____ Address: _____ Postal Code: _____ Phone - Work: _____ Home: _____ Cell: _____ E-mail: _____	Donation Amount: \$ _____ Cash _____ Cheque # _____
Name: _____ Address: _____ Postal Code: _____ Phone - Work: _____ Home: _____ Cell: _____ E-mail: _____	Donation Amount: \$ _____ Cash _____ Cheque # _____

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