

PARTICIPANT PLEDGE FORM
Proceeds raised for Tapestry Foundation for Health Care
will support important projects at seven PHC Hospital Sites.



Team Name: _____ First Name: _____ Last Name: _____ Tel#: _____

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Please return to Judy Finch @ MSJ Hospital - Room 1131. For more info contact 604.877.8187/www.tapestryfoundation.ca

Sponsor Name	Mailing Address	Tel #	E-mail	Payment Type	Credit Card # (All 16 digits)	Credit Card Expiry Date	Pledge Amount
				<input type="checkbox"/> Visa / MC <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Name as it appears on Credit Card _____		
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Unless requested, receipts will only be issued for donations of \$20 or more

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Tapestry Foundation is a proud charity partner in the 2012 Scotiabank - Vancouver Half-Marathon & 5 K.

Pledge Total This Page: \$ _____