PLEDGE FORM

Registr	ant's Email Address:	
Team Na	ame:	
Total	\$	

Instructions: Please complete your pledge form and submit along with your money by Friday, May 12, 2023. Funds can be submitted to:

support ovarian cancer awareness at London Health Sciences Centre. My contact details are below.

RUNE

Please make thorups payable to London Health Sciences Foundation. Receipts for income tax purposes are issued for pledges of \$20 or more, if donor information is clear and complete. For the safety of those participating, NO

LONDON HEALTH SCIENCES CENTRE 747 Base Line Rd. E London, ON N6C2R5 Attn: Run for Ovarian Cancer

Online registration available at: www.runforovariancancer.ca

	make cheques payable to London Health Sciences Foundation. Receipts for i IO ROLLER BLADES AND NO BIKES. ————————————————————————————————————					
Donor's Name	Address	City	Postal Code	Telephone	Amt. Pledged	Amt. Paid
Sample Donor	123 John Street	London	Z2B 4P5	(519) 123-4567	\$40.00	\$40.00
Total					Amt. Pledged	Amt. Paid