

Caleb's SUPERHERO Walk Run FLY 2022



Pledge Raiser Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone #: _____ Email: _____

Please print clearly

Name	Address	City	Prov.	Postal Code	Phone #	\$ Collected

Please make cheques payable to the **Cape Breton Regional Hospital Foundation**.
Donor names and addresses must be complete and legible.
Tax receipts will be mailed directly to donors for gifts \$20 and more.

Charitable registration # 13040 4593 RR0001
Thank you for your support!