Cape Breton Regional Hospital Foundation

event Name: Teal to Heal		
Name:		
Address:		
Postal Code		
Phone Number:	Email:	
eam Name (if applicable):		



PLEASE PRINT CLEARLY

Donor Name	Mailing Address	City	Province	Postal Code	\$ Pledged	\$ Collected	Receipt Requested?
Diago maka chaguas payahla ta tha Cana Bratan Bagiana	I Hassital Fauradation		ı	1	Total		

Please make cheques payable to the Cape Breton Regional Hospital Foundation.

Donor's name & address must be complete and legible. Tax receipts will be issued for donations of \$20 or more & will be mailed directly to donors.

Page	of	

Charitable registration #13040 4593 RR0001