

Cape Breton Regional Hospital Foundation

Event Name: Teal to Heal

Name: _____

Address: _____

Postal Code: _____

Phone Number: _____ Email: _____

Team Name (if applicable): _____



PLEASE PRINT CLEARLY

Donor Name	Mailing Address	City	Province	Postal Code	\$ Pledged	\$ Collected	Receipt Requested?
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.

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