



**CARDIAC HEALTH** | **WALK**  
 FOUNDATION OF CANADA | **OF LIFE**

## Pledge Form

*The 17th Annual  
 Cardiac Rehab Walk of Life*  
**September 9th, 2017**  
**8:30am- 12:30pm**  
**Market Square**  
**Harbour Passage**

Participant Name: \_\_\_\_\_

Date	Name	Full Mailing Address	Phone Number	Email Address	Donation Amount	Paid	Receipt Required

Signature of Participant: \_\_\_\_\_

**Total Donations:** \_\_\_\_\_

Cheques made payable to:  
 SJRH Foundation  
 Level 1, Saint John Regional Hospital  
 PO Box 2100, Saint John, NB E2L-4L2

\*\* Minimum donation of \$15 required for tax receipt  
 unless otherwise requested \*\*

Foundation Charitable Registration # 11913.2363.RR0001

**Thank you for your participation!**