



Raising Awareness and Support for cancer care in Northwestern Ontario through a fundraising Autocross taking place July 7th & August 18th - Thunder Bay Regional Health Sciences Centre, Parking Lot I

For additional Information please visit www.thunderbayautosportclub.com

Pledge Form Participant Name: _____ Phone Number: _____ E-mail: _____

PLEASE PRINT. A tax receipt for a donation of \$20 or more will be issued by the Thunder Bay Regional Health Sciences Foundation (charitable number 888314648RR0001). Incomplete or illegible addresses will not be receipted. **Cheques should be made payable to the Health Sciences Foundation.** For more information call the Health Sciences Foundation at 345-4673 or visit www.iceracingthunderbay.com - Thank you for making HOPE possible.

Donor Name (please print)	Street Address	City	Postal Code	Phone Number	E-mail	Payment Method	Donation Amount
<i>Example: Jane Smith</i>	<i>123 Main St.</i>	<i>Thunder Bay</i>	<i>P7B 6V4</i>	<i>(807) 555-1245</i>	<i>jane@email.com</i>	<i>cash</i>	<i>\$100</i>
Do not add example to total						TOTAL:	\$