

PLEDGE FORM

Participant Information *(tip: fill out this top section before making copies)*

Name		Team Name	
Address			City, Province
Postal Code	Telephone #	Email	

Please make cheques payable to **University Hospital Foundation**

PLEASE PRINT CLEARLY – TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF \$20 OR MORE OR BY REQUEST AND IF ALL INFORMATION IS LEGIBLE

NAME	ADDRESS/CITY/PROVINCE	POSTAL CODE	DONATION AMOUNT	CASH CHEQUE		Receipt Required?
				Please check (√)		
			Total Donation Amount →	\$	\$	\$

University Hospital Foundation

8440-112 Street Edmonton AB • T6G 2B7 • Tel. (780) 407-7007 • Fax: (780) 407-8219 www.GiveToMAZ.ca Charitable Business No. 88900 3240 RR0001

The University Hospital Foundation respects your privacy. We do not rent, sell or trade our donors' names. The information you provide will be used to deliver services and to keep you informed of the activities of the University Hospital Foundation. If at anytime you wish to be removed from any of these contacts, please contact us at 780-407-7007 or by email at uhfoundation@albertahealthservices.ca, and we will gladly accommodate your request.