AGH Run for Women's Health

Runners NAME_____ ADDRESS _____ POSTAL CODE _____

TELEPHONE _____ EMAIL _____

SPONSOR *PLEASE PRINT*	**COMPLETE ADDRESS** FULL ADDRESS IS NECESSARY FOR RECEIPT	**POSTAL CODE**	**PHONE NUMBER**	**AMOUNT PLEDGED**	**AMOUNT COLLECTED**

TOTAL: $_____ $_____

Cheques can be made payable to the **AGH-FVM Foundation.** Official tax receipts for donations *under* $10.00 available on request.

Thank you for supporting health care close to home!

DONATE ONLINE @ WWW.ALMONTEHOSPITALFOUNDATION.COM

Almonte General Hospital/Fairview Manor Foundation, 75 Spring Street, Almonte, ON K0A 1A0 (613) 256-2514 ext. 2296