SAINT JOHN CARDIAC REHAB WALK

PLEDGE FORM

Donate online at **thegive.ca/cardiacwalksj**

Participant Name: _____

The 22nd Annual Saint John **Cardiac Rehab Walk**

Saturday, **September 10th,** 2022, Harbour Passage Saint John

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

Signature of Participant: _____

Total Donations: _____

For more information contact:

Margot Grant at (506) 651-9364
Margot.Grant@horizonnb.ca

Please make Cheques payable to :
Saint John Regional Hospital Foundation

** Minimum donation of $15 required for tax receipt **
Foundation Charitable Registration # 11913.2363.RR0001

Thank You For Your Support

SAINT JOHN REGIONAL HOSPITAL FOUNDATION
FONDATION DE L'HÔPITAL RÉGIONAL SAINT JOHN