

2021 JOURNEY FOR HEALTH Pledge Sheet

August 8, 2021

Mail pledge sheet & donations to Kinmount District Health Services Foundation P. O. Box 225 Kinmount, ON K0M 2A0

Note: pledges can be paid through Canada Helps or e-transferred to donations@kdhc.ca



Participant Name: _____
 Address: _____
 City/Town: _____ P/Code _____
 Telephone Number: _____

Receipts can be issued for pledges of \$20 or more
 For a receipt, provide an email address OR a complete mailing address
 Tick in the box provided.
PLEASE PRINT CLEARLY!

CRA No.	Sponsor Name	Complete Mailing or Email Address	Phone Number	Receipt <input type="checkbox"/>	Pledge Amount	Pledge Paid
	1		()			
	2		()			
	3		()			
	4		()			
	5		()			
	6		()			
	7		()			
	8		()			
	9		()			
	11		()			
	12		()			
	13		()			
	14		()			
Totals					\$	\$

WAIVER: In agreeing to participate in the Journey for Health and to fundraise for KDHSF, I hereby for myself, my administrators, my heirs and assigns, waive and release any and all rights and claims for damages against the organizers of this event their associates and representatives. I also agree to obey all traffic laws, exercise all safety precautions, avoid littering and respect the property of others. Parent or guardian must sign if participant is under 18 years: **Signature of participant, parent or guardian:** _____

CA

CH

DEP