



Please support

The Kinmount & District Health Centre

Join us at
The 27th Annual
Journey for Health
Walk & Community Event

Sunday, August 10th, 2025
9am - 1pm
Austin Sawmill Heritage Park

For more information please
visit www.kdhc.ca, the KDHSF
Facebook page or email
kdhsf@kdhc.ca

Together we can make a difference!

Kinmount District Health Svcs. Foundation
Charitable No. 89835 0111 RR0001

Thank you!

Your past support has helped to
bring a 2nd family physician to
Kinmount! Dr. M. Van Der Leden has
now joined Dr. Lesslie Ponraja, as
well as our physiotherapist, dental
hygienist, foot care nurses, &
registered practical nurse at the
Kinmount & District Health Centre!

We still need your support!

Funds raised will assist in
recruitment/retention of additional
health professionals, facility
upgrades, purchase of medical
equipment and community
educational outreach programs

Come on out and join the fun!

Walk, jog, or bike the rail trail
Lions Club Pancake Breakfast
Friends of the Kinmount Library's
used book sale
Meet our local firefighters
Balloon animals, face painting,
Health & wellness info booths
Railway Station & Heritage Centre
& more!

Donation Information

Pledge forms available at:

Kinmount Health Centre
Kinmount Pharmacy
Kawartha Credit Union
Artisans Marketplace

Or visit www.kdhc.ca to print

Collect pledges in advance or make a
donation of \$10 or more the day of the
event to be eligible to win great prizes!
(Draws at ~11am)

If you are unable to attend,
donations are welcome by:

E-transfer: donations@kdhc.ca
Mail: KDHSF, P.O. Box 225
Kinmount, ON K0M 2A0
Drop off: Kinmount Health Centre
Online by credit card at
<https://www.canadahelps.org/en/dn/8966>

Thank you to Sam & Martina
Iskandar at the Kinmount Pharmacy
who, each year, generously match
the participant raising the most
funds up to \$1500.

KDHSF
JOURNEY FOR HEALTH 2025
 Sunday, August 10, 2025
Pledge Form



Participant Name: _____ Phone: _____

Email: _____

Check 'Yes' for tax receipt to be issued for pledges of \$20 or more. Please provide your complete email OR mailing address.

PLEASE PRINT CLEARLY!

Tax Rcpt	Sponsor Name	Complete Email or Mailing Address	Phone Number	Pledge Amount	Pledge Paid
Yes					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	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
----	----	-----