I am participating in the 3rd Annual Get Active! Community Fitness Challenge on behalf of the Carleton Place & District Memorial Hospital. I am hoping to raise a minimum of $50 and would appreciate your support.

The event will take place on April 14, 2010 at the Heritage Community Fitness Centre.

Participant Information

Name_____

Team Name _____

Address _____

City _____ Postal Code _____ Province _____

Tel. ( ) _____ Work ( ) _____

E-mail _____

Note To Contributors.

- Pledge collector will be responsible for all pledge collection.
- The Carleton Place & District Memorial Hospital Foundation Charitable Registration Number is 86610 5398 RR0001
- Charitable receipts are given for pledges of $10 or more. Please print clearly and provide complete address to receive a receipt.
- Cheques should be made payable to the CPDMH Foundation.

DONOR'S NAME	ADDRESS	CITY	TELEPHONE	POSTAL CODE	PLEDGE

- Participants are required to collect pledges totaling $250 per team or $50 per person.
- All pledges must be collected before the Get Active! Community Fitness Challenge and submitted at the event on April 14, 2010

For more information or to donate online, please visit the Foundation website at http://www.carletonplacehospital.ca/foundation.html

Thank You for your support!