Carleton Place and District Memorial Hospital Foundation

**I am participating in '*Spinning Through the Ages'* on Friday February 17 at the Heritage Community Fitness Centre. The event is being organized on behalf of the Carleton Place & District Memorial Hospital and I would appreciate your support.**

**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 |
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All pledges must be collected before ó***Spinning Through the Ages'*** and submitted at the event on **Friday, February 17**.

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

***Thank You for your support!***

Heritage Community Fitness & Rehabilitation Centre