



Pledge Form



Donations in Support of William Osler Health System Foundation

Fundraiser Name: _____

Address: _____ City: _____ Postal Code: _____

Phone No.: _____ Alternate Phone No.: _____ Email: _____

NOTE: PLEASE PRINT CLEARLY. FULL NAME AND ADDRESS MUST BE LEGIBLE TO RECEIVE A TAX RECEIPT.
Receipts will not be issued if information is incomplete.

TITLE/NAME	ADDRESS	POSTAL	DONATION	EMAIL	PAID	TAX RECEIPT

THANK YOU FOR YOUR SUPPORT!

Only donations of \$20 or more will be receipted.
Please make sure cheques are payable directly to: William Osler Health System Foundation.