



PLEDGE SHEET

Participant Name: _____

Participant Address: _____

Participant Phone: _____

Participant Email: _____

- Donations of \$20 or more will receive a charitable tax receipt.
- Please make cheques payable to HCSS Grey-Bruce

Full Name:		Mailing Address:		
Pledge Amount:	<input type="radio"/> Cash <input type="radio"/> Cheque	City:	Province:	Postal Code:
Phone:	Email:			

Full Name:		Mailing Address:		
Pledge Amount:	<input type="radio"/> Cash <input type="radio"/> Cheque	City:	Province:	Postal Code:
Phone:	Email:			

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Pledge Amount:	<input type="radio"/> Cash <input type="radio"/> Cheque	City:	Province:	Postal Code:
Phone:		Email:		

100% OF ALL FUNDS RAISED WILL BENEFIT GREY & BRUCE RESIDENTS



Please submit completed pledge forms and pledges no later than September 6th, 2022 to:

HCSS Grey-Bruce Main Offices

Unit G-12 Heritage Place Mall

1350 16th Street East, Owen Sound N4K 6N7

Charitable Business Number: 13913 6923 RR0001

VISIT HCSSGREYBRUCE.COM FOR MORE INFORMATION