Westwood Lake Relay: Saturday October 30, 2010

Runner Information:

Name: _____

Address: _____City, Prov, PC: _____

Phone: _____E-mail: _____

Proceeds will fund Emergency Room equipment for Nanaimo Regional General Hospital

A tax receipt will automatically be issued for donations of $20.00 or more

Pledge Information (Please Print Clearly)

Name	Complete Mailing Address	Phone	Amount

Thank you for supporting Nanaimo & District Hospital Foundation

Charitable Registration # 11905 0672 RR0001

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