

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

Phone 250-755-7690 toll free Parksville/Qualicum 250-947-8212 www.nanaimohospitalfoundation.com e-mail info@nanaimohospitalfoundation.com