GTAA Toronto Pearson Runway Run Pledge Form

Name _____

Address _____

City _____ Prov._____Postal Code _____

Tel. (Res.) _____ Bus._____

Receipts will be issued for individual donations of $20 or more.
Please clearly print full name, address & postal code.

			Receipt Requested	
Supporters Name and Address	Postal Code	Amount Received	Yes	No

Charitable Business No. 12996 5133 RR0001

WILLIAM OSLER HEALTH CENTRE FOUNDATION

ETOBICOKE GENERAL HOSPITAL
Experience the Evolution Community Campaign

Running Room LTD.

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