

# HAMILTON GENERAL HOSPITAL MRI BREAST COIL PLEDGE SHEET

*Proceeds from the 2009 HSBC Chilly Half Marathon & Frosty 5K will be used to purchase an MRI Breast Coil for the Hamilton General Hospital.*

*Please help us make breast MRI available to all women!...*

*One in nine women will develop breast cancer in their lifetime. This year in Ontario 8,500 new cases will be diagnosed and 2220 women will die from it. Early and complete diagnosis affords the best chance for cure.*

*Breast MRI uses an MRI machine coupled with a special breast MRI coil to look inside the breast without radiation or pain. Breast MRI detects breast cancer in its very earliest stages. It is the best test to determine the extent of surgery so no cancer is left behind. It can assess for multiple tumors in the same breast, assess for extension of the cancer beyond the breast or even detect unsuspected cancer in the other breast.*

*In our local health network there are only two MRI's that have such special breast coils and the waiting list for this test is many months long.*

*Help us raise money for this lifesaving piece of equipment and save all of our mothers, daughters and sisters from this disease.*

## **PARTICIPANT** - (Please print clearly.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## **PLEDGES** - (Please print clearly so receipts can be issued as required. Use another sheet, if you need more spaces for additional pledges.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Pledge Amount:** \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Pledge Amount:** \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Pledge Amount:** \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Pledge Amount:** \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Pledge Amount:** \$ \_\_\_\_\_

## **FOR OFFICIAL USE ONLY:**

Received by: \_\_\_\_\_

**Total Pledge Amount:** \$ \_\_\_\_\_

**Total Amount Received:** \$ \_\_\_\_\_

*\*Please hand in pledge forms at early registration or packet pick-up. Check web site ([www.vrpro.ca](http://www.vrpro.ca)) for dates and locations. Thank you for helping us raise money for lifesaving equipment !*

