



Registration and Pledge Form

Online registration: www.hamiltonhealth.ca/strides

Participant Name: _____ Team Name: _____
 Address: _____ City: _____ Postal Code: _____
 E-mail: _____ Phone: _____

- Are you: Current / former Hamilton General Hospital / Regional Rehabilitation Centre patient
 HHS employee Community Member Supporter of current/former patient



Charitable Reg# 131159543 RR0001

Pledges Collected

| Sponsor Name (Print clearly) | Sponsor Address | Postal Code | Sponsor E-mail | Amount** |
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Please make cheques payable to *Hamilton Health Sciences Foundation*.

** Only donations of \$10 or more will be issued a tax receipt. Information must be legible to be receipted.

All funds must be received and pledges verified online by 4 p.m. on Friday, September 24 2021 to qualify for *Strides for the General* fundraising prizes and draws. Privacy Note: Hamilton Health Sciences Foundation respects your privacy and is committed to protecting your personal information. We do not share, rent, trade or sell any of the personal information we collect. The information we collect is used to keep you informed of Foundation activities. If, at any time, you wish to be removed from our list or to obtain a copy of our Information Privacy Policy, please contact us at (905) 522-3863 or via email at info@hamiltonhealth.ca

Total Submitted \$

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Signature: _____

By signing, I acknowledge that I have read and agree to the event waiver posted online at www.hamiltonhealth.ca/strides and available onsite at *Strides For The General*.