

# PLEDGE FORM



**ALIVE TO STRIVE**  
KIDNEY FITNESS PROJECT



Fresenius Medical Care

Please print clearly and ensure that all information is correct.

Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please direct my pledges to: Kidney Research Centre



Kidney Research Centre  
Centre de recherche sur  
les maladies du rein

PLEASE NOTE: • The pledge collector will be responsible for all pledge collections.  
• Official tax receipts are given for pledges of \$15 or more.  
• Cheques should be made payable to The Ottawa Hospital Foundation.  
• Print clearly and provide complete address to receive receipt.

DONOR'S NAME	ADDRESS	CITY	PROV.	POSTAL CODE	TELEPHONE	PLEDGE AMOUNT
TOTAL:						



The Ottawa Hospital Foundation  
737 Parkdale Avenue, 1st Floor  
Ottawa, ON. K1Y 1J8  
Tel. 613-761-4295 Fax: 613-761-5014  
www.ohfoundation.ca Charitable Registration No. 86904 2747 RR0001