

EMS Stretcher Push Monday May 10th 2010

First Name: _____ Last Name: _____

I plan to push at least _____ kms for Saskatchewan Children’s Hospital.

I am participating in the SEMSA Stretcher Push. All proceeds will help fund the Children’s Hospital Foundation. You can sponsor me for an amount per kilometer or a maximum amount contribution. After the Stretcher Push, I will return to tell you how many kilometers I have walked and collect your contribution. **Make cheques payable to Children’s Hospital Foundation (CHF).** Tax receipts will be issued for donations of \$15.00 or more. **Thank you!**

	Name and Address of Sponsor	Pledge per KM (Eg: \$1.00)	Maximum Pledge	Amount Collected from Sponsor	Tax Receipt Y/N	Business Matching Pledge Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Participants:

To reach our goal, we hope that each participant finds 10 sponsors.

