## **Cape Breton Regional Hospital - Cancer Patient Care Fund**

Event Name: Sydney Lions Club's Ride 4 the Cure

Name:		
Address:		
Email:		
Daytime #:	Evening #	

## PLEASE PRINT CLEARLY

Donor Name	Mailing Address	City	Province	Postal Code	\$ Pledged	\$ Collected	Receipt Req'd?
			Total				

Please make cheques payable to the Cape Breton Regional Hospital Foundation.

Donor's name & address must be complete and legible. Tax receipts will be issued for donations of \$20 or more & will be mailed directly to donors.

Thank you for your Support!

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August 7<sup>th</sup> and 8<sup>th</sup>, 2020



Charitable registration #13040 4593 RR0001

of