HiP HiP HOORAY!
Step Up To The Challenge

Canadian Orthopaedic Foundation

Fondation Canadienne d'Orthopédie

Pledge Sheet

My Fundraising Goal: $_____

Call 1-800-461-3639 ext 2 to receive your pedometer

Name: _____ Team Name (if applicable): _____

Address: _____ City: _____

Prov: _____ Postal Code: _____ Tel(home): _____ Email: _____

My Surgeon's Name (if applicable):_____ My Surgery Type: _____

THANK YOU FOR RAISING FUNDS THAT WILL HELP THOUSANDS OF CANADIANS RETURN TO THEIR LIFE OF MOBILITY

Tax receipts will automatically be issued for pledges of $20 or more. Please print full name and address for tax receipting purposes.

First Name	Last Name	Mailing Address	City	Prov	PC	Phone	Amount
Need more space? Please print another pledge form.						**TOTAL**	

Mail this form along with funds raised via cheque(s) no later than October 1, 2011 to:
The Canadian Orthopaedic Foundation, P.O. Box 7029, Innisfil, ON L9S 1A8
Charity Number: 890594740RR0001