LLOYDMINSTER MUCK RUN

Pledge Sheet

Participant Name: _____ **Team Name:** _____

Donor Name (First & Last)	**FULL ADDRESS** (with City, Prov. & Postal Code)	**Phone #**	**Pledge Amount**
		TOTAL PLEDGES (on this page)	

Proceeds from the 2019 Muck Run will support LRHF. Funds will be used for continued enhancements to healthcare in Lloydminster. For more information on LRHF visit www.lrhf.ca.

All pledges written clearly will receive a charitable tax receipt issued from LRHF. Please make cheques Payable to LRHF.

Credit card pledges can be made online at www.lrhf.ca.

Health Foundation
Lloydminster Region