

# RUN FOR PEACE OF MIND



**RUN FOR PEACE OF MIND**  
In support of Brain Health at London Health Sciences Centre

Participant Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Team Name: \_\_\_\_\_

## PLEDGE FORM

\*Please note that donations over \$20 will receive a tax receipt via mail after event.

NAME	ADDRESS	CITY	POSTAL CODE	PHONE #	CASH OR CHEQUE	PAYMENT (\$)

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