

# PLEDGE FORM

YES! I would like to purchase \_\_\_\_\_  
commemorative Christmas ball(s) as part of the Crowsnest Pass Hospital's  
"Tree of Hope" project.

Amount Enclosed: \$ \_\_\_\_\_

Donor's Name: \_\_\_\_\_

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Receipt Required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cheques should be made payable to: Crowsnest Pass Hospital Auxiliary

Deliver or Mail to:  
Crowsnest Pass Health Centre  
Gift Shop or Admitting Desk  
Bag 1, Blairmore, AB, T0K 0E0

OR mail to:  
Jean Makin, Box 152, Hillcrest, AB, T0K 1C0

