



**UXBRIDGE COTTAGE HOSPITAL AUXILIARY**  
 21.1 K Half Marathon, 10k Run/Walk, 5k Run/Walk & Kids Dash

## PLEDGE SHEET

SPONSOR NAME	ADDRESS	CITY	POSTAL CODE	EMAIL (optional)	PLEDGE AMOUNT	RECEIPT (,)

All proceeds go to benefit the Uxbridge Cottage Hospital . Please make cheques payable to the Uxbridge Cottage Hospital Auxiliary  
 Tax receipts for donations over \$20.00. Return all pledges to the registration desk on race day.