



Century and Half Century

"Ride For Pat"



In memory of Pat McArdle

In Support of The LHSC Multi-organ Transplant Program



London Health Sciences Centre
Multi-Organ Transplant Program

Name of Participant:

Address:

Phone Number:

Postal Code:

Sponsor's Name	Sponsor's Address	Sponsor's Phone Number	Amount Pledged	Receipt (y/n)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Please make cheques payable to: London Health Science Center.

TOTAL PLEDGED _____

Receipts for income tax purposes are issued for pledges of \$35.00 or more.

TOTAL REMITTED _____