



PT Student: _____

Pledge Form

University of Saskatchewan, School of Physical Therapy

Please Write Legibly!

Please note that a mandatory of \$50 is to be raised by each MPT student

| NAME | ADDRESS (Street, City, Province, Postal Code) **Receipts cannot be issued without ALL information | AMOUNT | RECIPT (Y/N) |
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Cheques to be made out to Saskatoon Shinerama. Cystic Fibrosis Canada will issue tax receipts for all donations of \$20 and over (unless otherwise requested). Cystic Fibrosis Canada is a registered charity. Its charitable business number is 10684 5100 RR0001.