	Pledge Form	Fundraising Campaign
	Single Year Donation: \$\$	Total Donation: \$
	Name/wording to appear on donation rec	cognition
	Contact Name:	
	Address:	
	Phone #: B	Email:
	Donor Signature:	Date:
	Canvasser Signature:	
	Please make cheques payable to: Municipality of South Bruce	
	Note Teeswater Medical Centre in mer	mo section
	Cheques to be mailed to: Municipality of South Bruce 21 Gordon Street East Teeswater, ON NOG 2S0	Notes
	Tax receipts will be issued.	
	For more information please contact: Dwight Leslie (519-392-6380) or email at teeswaterclinic@gmail.com	
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