

| Phy | rsical | Therapy | Student: | |
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2019 Pledge Form

University of Saskatchewan, School of Rehabilitation Science

Please Write Legibly

| NAME | *Please Write Legibly* ADDRESS | AMOUNT \$ | RECIEPT REQUEST? (Y/N) |
|------|---------------------------------------|--------------|---------------------------|
| NAME | (Street, City, Province, Postal Code) | | |
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Cystic Fibrosis Canada is a registered charity and will issue tax receipts for all donations of \$20 and over (unless otherwise requested). The charitable business number is 10684 5100 RR0001.