

Chalmers  Foundation - Fondation

MOVE-A-THON

Play All Day

SCHOOL _____

HOMEROOM/CLASS NAME _____

STUDENT NAME _____

I am participating in the Chalmers Foundation Move-A-Thon! All proceeds will help fund the **Bikes & Trikes Program** and **Swim Program** at the Stan Cassidy Centre for Rehabilitation. These programs help kids get adapted bikes and life jackets to help them Play All Day. Proceeds will also help the Outdoor Pediatric Play Area Project at the Dr. Everett Chalmers Regional Hospital, so that kids who stay in the hospital have a safe and happy place to play!

During the week of May 17 – 20, I will have the opportunity to MOVE with my classmates in honor of your donation!

I can take CASH or CHEQUE!

Please make cheques payable to: The Chalmers Foundation

You can also E-transfer: chalmers.foundation@horizonnb.ca –
Please include the school name if you wish to receive a tax receipt in the notes section when you e-transfer.

All contributions \$20 and over are tax-deductible. Be sure to leave your mailing address below.



Please have all money, cheques and e-transfers sent to the school by **Friday, May 13th, 2022!**

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	

Name of donor		Phone #	
Address (Street, City, Prov. & Postal Code)			
Email (optional)			
Amount donated (\$) <i>(please check form of payment)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> E-Transfer	\$ _____	