PUT YOUR HEART INTO IT.™ SUPPORT THE CHALENGE.

Heart&Stroke 7 SUMMITS™

To learn more about *7 Summits* visit www.7SummitsForHeart.ca

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other:

First name:	Last name:	Company:
Address:		Suite:
City:	Province:	Postal code:
Home Phone:	Business Phone:	Email:

Help us raise funds for lifesaving Automated External Defibrillators

Sponsor name	Address	City/town	Postal Code	$ Collected	Tx Rcpt (✓)
Please turn in fundraising money by event day. Submit pledges to: Heart&Stroke 7 Summits Challenge 2300 Yonge Street, Suite 1300, P.O. Box 2414, Toronto, On, M4P 1E4				Subtotal: Total Raised:	Page __ of __

Participants can use several payment options to cover the "Total Funds Raised" value:

☐ Cash: Please do not mail cash

☐ Cheque: payable to *Heart and Stroke Foundation*.

☐ Please charge the above amount to my credit card. (*please complete credit card information below*)

Credit Card:	[ ] Visa	[ ] MasterCard	[ ] American Express
Card Number:			Expiry Date:
Name on Card:		Signature:	

We are committed to protecting the privacy of your personal information. We may maintain a record of your interaction for donor-related, promotion and tax receipting purposes, where required. Occasionally, we may contact you with mission-related communications. If you wish no further contact or have any questions or concerns regarding the privacy of your personal information, please contact the Chief Privacy Officer, at your provincial Heart and Stroke Foundation office at 1-888-HSF-INFO (473-4636) or through www.heartandstroke.ca/privacy