



Please support

The Kinmount & District Health Centre

Join us at
**The 26th Annual
Journey for Health
Walk & Community Event**

**Sunday, August 11th, 2024
9am - 1pm
Austin Sawmill Heritage Park**

For more information please
visit www.kdhc.ca, the KDHSF
Facebook page or email
kdhsf@kdhc.ca

Together we can make a difference!

Kinmount District Health Svcs. Foundation
Charitable No. 89835 0111 RT0001

Thank you!

Your past support has made it possible for us to welcome Family Physician Dr. Lesslie Ponraja, Physiotherapist Vivian Wong-Svoboda, The Smile Studio and West Nursing Foot Care to the Kinmount & District Health Centre!

We still need your support!

Funds raised will assist in our continued efforts to recruit and retain additional health team members, make improvements to the health centre and upgrade medical equipment.

**Come on out and join the fun!
Bring your family & friends!**

Walk, jog, or bike the rail trail
Lions Club Pancake Breakfast
Friends of the Kinmount Library used
book sale

Visit the Railway Station & Heritage
Centre

Kids' activities with our local
firefighters
Balloon animals, lawn games
and more!

Donation Information

Pick up your pledge forms at:

Kinmount Health Centre
Kinmount Pharmacy
Remedy's Rx Kinmount Downtown
Pharmacy
Kawartha Credit Union
Or visit www.kdhc.ca to print

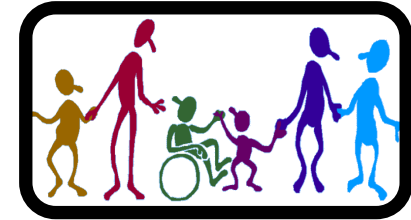
Collect pledges in advance or make a donation of \$10 or more the day of the event to register and be eligible to win great prizes! (Draw at ~11am)

If you are unable to attend,
donations are welcomed by:

E-transfer: donations@kdhc.ca
Mail: KDHSF, P.O. Box 225
Kinmount, ON K0M 2A0
Drop off: Kinmount Health Centre
Online by credit card at
[https://www.canadahelps.org/en/dn/
8966](https://www.canadahelps.org/en/dn/8966)

**Thank you to Sam & Martina
Iskandar at the Kinmount Pharmacy
who, each year, generously match
the participant raising the most
funds up to \$1500.**

KDHSF
JOURNEY FOR HEALTH 2024
 Sunday, August 11, 2024
Pledge Form



Participant Name: _____ Phone: _____
 Email: _____

Receipts will be issued for pledges of \$20 or more. Please provide your complete email OR mailing address.

PLEASE PRINT CLEARLY!

CRA No.	Sponsor Name	Complete Mailing or Email Address	Phone Number	Pledge Amount	Pledge Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Totals			\$	\$

WAIVER: In agreeing to participate in the Journey for Health and to fundraise for KDHSF, I hereby for myself, my administrators, my heirs and assigns, waive and release any and all rights and claims for damages against the organizers of this event, their associates and representatives. I also agree to obey all traffic laws, exercise all safety precautions, avoid littering and respect the property of others. Parent or guardian must sign if participant is under 18 years:

CA	CH	DEP
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Signature of participant, parent or guardian: _____