



Presented by Title Sponsor:

K

Saturday, May 10th, 2025 Kincardine Davidson Center 9:30am EST – Rain or Shine!

Participant Name:		Mailing Address:		Email Address:	
I am Hiking in Memory/Honour of :		I am part of a team/business:			
Tax receipt no. (Leave Blank)	Donor Name (Please Prir	it)	E-mail or Mailing Address (for tax receipt – le	eave bank if no receipt required)	Pledge Amount

*IMPORTANT: Charitable tax receipts will be issued for all donations of \$20.00 or greater. To receive a tax receipt, full name, email or mailing address (including postal code) must be provided

Pledge Total (this page)

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