

2024 Pledge Form



Saturday, May 11th, 2024

I am Hiking in Memory Of:			I am Hiking in Honour Of:			
Participant Name		Mailing Address		Phone Number	Email Address	
I am part of a team/business		Team Captain's Name:		Team Name:		
Donor Name	Mailing Address	Phone Number	Email Address	Pledge Amount	Paid (Y/N)	Tax Receipt Required
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Pledge Total (this page):				\$		

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

Need another pledge sheet? Awesome! Download a form from our website: www.huronshoreshospice.ca/hike-for-hospice