



# Pledge Form



Charitable # 79270405RR0001

## Participant Information:

Full Name: \_\_\_\_\_ Team Name (If applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Hike Location: \_\_\_\_\_

Note: Pledges of \$20.00 or more will receive tax receipt only with complete name and mailing address      Online pledges total (only)\$\_\_\_\_\_

Donor Information	CRA requires your full mailing address & rural addresses must include fire number		Pledge Amount	Tax Receipt Required
Full Name: _____	Phone: _____	\$ _____.	<input type="radio"/> Yes	<input type="radio"/> Yes
Mailing Address: _____		<input type="radio"/> Cheque	<input type="radio"/> No	<input type="radio"/> Email
City/Town: _____	Prov: _____	<input type="radio"/> Cash	<input type="radio"/> Mail	
Email Address: _____		<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.		
Donor Information	CRA requires your full mailing address & rural addresses must include fire number		Pledge Amount	Tax Receipt Required
Full Name: _____	Phone: _____	\$ _____.	<input type="radio"/> Yes	<input type="radio"/> Yes
Mailing Address: _____		<input type="radio"/> Cheque	<input type="radio"/> No	<input type="radio"/> Email
City/Town: _____	Prov: _____	<input type="radio"/> Cash	<input type="radio"/> Mail	
Email Address: _____		<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.		
Donor Information	CRA requires your full mailing address & rural addresses must include fire number		Pledge Amount	Tax Receipt Required
Full Name: _____	Phone: _____	\$ _____.	<input type="radio"/> Yes	<input type="radio"/> Yes
Mailing Address: _____		<input type="radio"/> Cheque	<input type="radio"/> No	<input type="radio"/> Email
City/Town: _____	Prov: _____	<input type="radio"/> Cash	<input type="radio"/> Mail	
Email Address: _____		<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.		
Office Use Only				
Cash Sum:\$_____				
Chq Sum:\$_____				
Page:\$_____				

Donor Information	CRA requires your full mailing address & rural addresses must include fire number		
Full Name:	Phone:	Pledge Amount	Tax Receipt Required
Mailing Address:		\$ _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Email <input type="radio"/> Mail
City/Town:	Prov:	Postal Code:	<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.
Email Address:			
Donor Information	CRA requires your full mailing address & rural addresses must include fire number		
Full Name:	Phone:	Pledge Amount	Tax Receipt Required
Mailing Address:		\$ _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Email <input type="radio"/> Mail
City/Town:	Prov:	Postal Code:	<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.
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Donor Information	CRA requires your full mailing address & rural addresses must include fire number		
Full Name:	Phone:	Pledge Amount	Tax Receipt Required
Mailing Address:		\$ _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Email <input type="radio"/> Mail
City/Town:	Prov:	Postal Code:	<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.
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Donor Information	CRA requires your full mailing address & rural addresses must include fire number		
Full Name:	Phone:	Pledge Amount	Tax Receipt Required
Mailing Address:		\$ _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Email <input type="radio"/> Mail
City/Town:	Prov:	Postal Code:	<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.
Email Address:			
			<b>Office Use Only</b>
			Cash Sum:\$ _____
			Chq Sum:\$ _____
			Page:\$ _____

Cash and Cheques Drop Off:

Please bring with pledge sheet to hike event or call SHI office at (519) 901-7011 to arrange drop off. All cheques to be made payable to Saugeen Hospice Incorporated