



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
Mailing Address: _____		<input type="radio"/> Cheque	<input type="radio"/> No
City/Town: _____ Prov: _____ Postal Code: _____		<input type="radio"/> Cash	<input type="radio"/> Email
Email Address: _____		<input type="radio"/> Mail	
		<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.	
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Full Name: _____ Phone: _____		\$ _____	<input type="radio"/> Yes
Mailing Address: _____		<input type="radio"/> Cheque	<input type="radio"/> No
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Email Address: _____		<input type="radio"/> Mail	
		<input type="radio"/> Yes, I would like to receive email updates regarding Saugeen Hospice.	Office Use Only
			Cash Sum:\$ _____
			Chq Sum:\$ _____
			Page:\$ _____

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			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*