Please bring this pledge form and your pledges to the CHECK-IN DESK on Hike Day.

Make Cheques payable to: _____Terrace Hospice Society_____

Charitable Business Number: _____S-29406_____

DATE OF HIKE for HOSPICE: SUNDAY, MAY 1st, 2022 - 2:00 pm

ORGANIZATION: _____Terrace Hospice Society_____

PLEDGES IN MEMORY OF: **IN HONOR OF:**

Participant's Name	Street Address	City	Prov.	Postal Code	Telephone	Email	Pledge	PD	Tax Receipt Required
Team Name									
Team Captain									
Sponsor Name	**Street Address**	**City**	**Prov.**	**Postal Code**	**Telephone**	**Email**	**Pledge**	**PD**	**Tax Receipt Required**