



Hospice Society

OF CAMROSE AND DISTRICT

780-608-0636
 admin@camrosehospice.com
 www.camrosehospice.org

Hike For Hospice ~ Sunday May 1, 2022

My Name (Participant) _____

My Phone Number _____ My Email _____

My Mailing Address _____

My Own Pledge Amount \$ _____ Cash or Cheque # _____ Receipt - Y / N _____

DONOR NAME	EMAIL ADDRESS	MAILING ADDRESS	CITY / TOWN	POSTAL CODE	PHONE NUMBER	PLEDGE	CASH OR CHEQUE	RECEIPT Y / N

- **Please make cheques payable to: Hospice Society of Camrose and District (HSCD)**
- Charitable receipts will be issued if requested for amounts of \$20 or more, provided the donor's full name and complete address are legibly entered on the pledge sheet
- BN/Charitable Registration Number: 839859709RR001

THANK YOU ~ We are GRATEFUL for your support!

CASH PLEDGES:	\$
CHEQUE PLEDGES:	\$
TOTAL PLEDGES:	\$