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

Make Cheques payable to: Powell River Hospice Society
Charitable Business Number: 83924 8986 BC0001

## DATE OF HIKE for HOSPICE: SUNDAY, MAY 5, 2019

### ORGANIZATION: POWELL RIVER 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 |
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| Team Name | | | | | | | | | |
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| Team Captain | | | | | | | | | |
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| **Sponsor Name** | **Street Address** | **City** | **Prov.** | **Postal Code** | **Telephone** | **Email** | **Pledge** | **PD** | **Tax Receipt Required** |
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Hike for Hospice Palliative Care