

Hike for Hospice Sunday, May 1, 2022



Participants Name:	Street Address:		Email Address:			Pledge Amount Pd.		Tax Receipt				
City	Prov	Postal Co	ode	Telephone			Team Name:		Team Captain:			
DI FASE NOTE: Tay recein	ts will be i	ssued for i	nladgas \$3	O or more	- Dlassa nrint	clearly a full m	ailing address must be	provided				
PLEASE NOTE: Tax receipts will be issued for pledges \$20 or more. Please print clearly, a full mailing address must be provided in order to receive a tax receipt. Pledges made online will automatically be issued a tax receipt which will arrive via email. All proceeds from the Hike for Hospice support both Hospice Orillia and Mariposa House Hospice regardless of the method of payment received.										Cheque bia	line	
Sponsor Name:	Street A	ddress:	City:	Prov:	Postal Cod	ETelephone:	Email:	\$	Cash	Che	On	Tax Receipt
Mr. Jim Smith	123 Street	t	Orillia	ON	L3V OLO	123-123-1234	mrsmith@live.org	50	Χ			Yes
Cheques to be mad							orms to: Total			<u> </u>		

Hospice Orillia is a program of the North Simcoe Muskoka Hospice Palliative Care Network CRA #135837748RR0001