SUNDAY, MAY 7TH 5K & 2.5K | 12:30PM Couchiching Beach Park



In support of:

Hospice Orillia & Mariposa House Hospice

Participants Name: City	Street Address:		Email A	ddress:		Pledge Amount	Pd.	Tax Receipt		
	Prov Post	al Code	Telephone			Team Name:		Team Captain:		
in order to receive a tax	receipt. Pledges	made online pport both H	will autom	re. Please print clearly, a full matically be issued a tax receipt lia and Mariposa House Hospid Postal Code Telephone:		which will arrive via en	nail.		Cheque che	Tax Receipt
Mr. Jim Smith	123 Street	Orillia	ON	L3V OLO	123-123-1234	mrsmith@live.org	50	Χ		Yes
								$\vdash$		
								-		
Cheques to be ma						orms to: Total		_		

Hike for Hospice, C/O Hospice Orillia, 169 Front St S, Orillia, L3V 4S8 (705) 325-0505

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



