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	in suppo	rt of Hosp	ice Orillia	and Mari	posa Hou	e Hospi	ice	

Participants Name:	Street Address: Prov Postal Code		Email Address: Telephone			Pledge Amount	Pd.	Tax Receipt			
City						Team Name:			Team Captain:		
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. Sponsor Name: Street Address: City: Prov: Postal Code Telephone: Email: \$										Online	Tax Receipt
Mr. Jim Smith	123 Street		ON	L3V OLO	123-123-1234	mrsmith@live.org	50	Х		Ĺ	Yes
Chaques to he mad	a navahl	e to Hospice Or	ا دااا	ase submit	completed fo	rms to: Total		1	-	<u> </u>	

Cheques to be made payable to Hospice Orillia. Please submit completed forms to:

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



