Hike for Hospice - Sunday, May 3, 2020 Participant Pledge Tracking Sheet											atilaata
Pledges in Memory of:						TIOSPICE		1		n	ariposa (se hospice
Pledges in Honor of:						Orilli	a		U)(LSE HUSPICE
Participants Name:	Street Address:		Email Address:			Pledge Amount	Pd.	Tax Receipt			t
City	Prov Postal Code		Telephone			Team Name:			Team Captain:		
PLEASE NOTE: Tax receip	ots will be issued for	pledges \$	() 20 or more	- . Please print o	clearly, a full m	ailing address must be p	provided in				
order to receive a tax rec	eipt. Pledges made c	online will	be issued a	a tax receipt fr	om CanadaHelp	os.org via email.			Paid OU		
Sponsor Name:	Street Address:	City:	Prov:	Postal Code	Telephone:	Email:	\$	Cash	Cheque	Online	Tax Receipt
Mr. Jim Smith	123 Street	Orillia	ON	L3V OLO	123-123-1234	mrsmith@live.org	50	Х			Yes
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	-1	ł	<u>I</u>	<u>l</u>	Į	Total			I		
Hospice Orillia is a program of the North Simcoe Muskoka Hospice Palliative Care Network CRA #135837748RR0001											
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