

PARTICIPANT NAME

Sunday, May 4, 2025 Sherwood Village, Mississauga 10:00am – 1:30pm

## **PLEDGE FORM**

COLLECT DONATIONS TO REACH YOUR GOAL

MY GOAL: \$\_\_\_\_\_

PLEASE PRINT CLEARLY (ALL INFORMATION IS RE	, QUIRED TO RECEIVE A TAX RECEIPT)				
First Name	Last Name			CASH	CHEQUE
Address	City	Province	Postal Code	(\$)	(\$)
Email	Phone #				
First Name	Last Name			CASH (\$)	CHEQUE (\$)
Address	City	Province	Postal Code	(17)	(1)
Email	Phone #				
First Name	Last Name			CASH (\$)	CHEQUE (\$)
Address	City	Province	Postal Code	(Ψ)	(\$\psi\$)
Email	Phone #				
First Name	Last Name			CASH (\$)	CHEQUE (\$)
Address	City	Province	Postal Code	(Ψ)	(Ψ)
Email	Phone #				
First Name	Last Name			CASH (\$)	CHEQUE (\$)
Address	City	Province	Postal Code	(Ψ)	(4)
Email	Phone #				
First Name	Last Name			CASH (\$)	CHEQUE (\$)
Address	City	Province	Postal Code	(+)	(+)
Email	Phone #				
				CASH	CHEQUE
INSTRUCTIONS FOR PLEDGE COLLECTION: SUB TOTAL			(\$)	+ (\$)	
1. Make all cheques p	ayable to <b>Hospice Mississauga</b> .				
2. Credit Card Donations can be made online at hospicemississauga.ca/hike-for-hospice/			GRAND TOTAL		·
4. Receipts of donation	ges on hike day during check in. ons for \$20 or more will be sent within t identified on this form.	his	- 1		

Hospice Mississaug arespects the privacy of its donors. Wedo not sell, rent, or trade our donor lists. The information we collect is used to process donations, keep our donor from and services of the organization and ask for their support for our mission to continue our services. If at any time you wish to be excluded from future contacts, please call us at 905-712-8119.

Charitable Registration #: 132155011 RR0001