

# ROSE GARDEN HOSPICE ASSOCIATION HIKE FOR HOSPICE FUND-RAISING & AWARENESS EVENT

**CONTACT INFORMATION [please print]:**

Name (Hiker 1): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEDGE PROCESS:**

- Collect the cash or cheque when your donor agrees to contribute.
- Please ensure cheques are made payable to ROSE GARDEN HOSPICE ASSOCIATION.
- Bring your pledge form & funds to the Hike for Hospice May 4<sup>th</sup>.
- Charitable tax receipts will be issued for all donations \$20.00 and over, with legible contact information including postal code.

Please PRINT clearly and use additional sheets as required

DONOR'S NAME	DONOR'S MAILING ADDRESS	POSTAL CODE	PHONE	AMOUNT DONATED	CASH / CHEQUE
<b>Charitable Registration #827178492RR0001</b>			<b>TOTAL</b>		
Rose Garden Hospice Association does not sell or otherwise share mailing lists					