

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.
- 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
Charitable Registration #827178492RR0001			TOTAL		
Rose Garden Hospice Association does not sell or otherwise share mailing lists					