WALK FOR
HILL HOUSE
HOSPICE

PRESENTED BY
Canso

PLEDGE FORM

PARTICIPANT/TEAM NAME: ______________________________

SPONSOR NAME & INFORMATION	PAYMENT METHOD	PLEDGE AMOUNT
NAME ADDRESS CITY PROVINCE POSTAL CODE PHONE EMAIL	❍ CASH ❍ CHEQUE ❍ CREDIT CARD CARD NUMBER EXPIRY CARDHOLDER NAME SIGNATURE	$
NAME ADDRESS CITY PROVINCE POSTAL CODE PHONE EMAIL	❍ CASH ❍ CHEQUE ❍ CREDIT CARD CARD NUMBER EXPIRY CARDHOLDER NAME SIGNATURE	$
NAME ADDRESS CITY PROVINCE POSTAL CODE PHONE EMAIL	❍ CASH ❍ CHEQUE ❍ CREDIT CARD CARD NUMBER EXPIRY CARDHOLDER NAME SIGNATURE	$

Donations will receive a charitable tax receipt.

DROP OFF DONATIONS TO:

Hill House Hospice
36 Wright Street, Richmond Hill, ON L4C 4A1 Canada