

HIKE FOR NAKUSP HOSPICE SOCIETY 2023



Pledge Form

Saturday, May 27th, 2023

I am Hiking in Memory Of:		I am Hiking in Honour Of:				
Participant Name	Mailing Address	Phone Number	Email Address			
I am part of a Team/Business:	Team Captain's Name:	Team Name:				
Donor Name	Address	Phone Number	Email Address	Pledge Amount	Paid (Y/N)	Tax Receipt Req'd (Y/N)
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
Pledge Total (this page):				\$		

*IMPORTANT: Charitable tax receipts will be issued for all donations of \$20.00 or greater. To receive a tax receipt, full name, email and mailing address (including postal code) must be provided. Please note that all tax receipts will be emailed.

Need another pledge sheet? Awesome! Download available from our website: www.nakusphospice.com. Charitable business number- #86887-7093-BC0001