

HIKE FOR NAKUSP HOSPICE SOCIETY 2024



Pledge Form

Saturday June 1st, 2024

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