



**Hike for Hospice**  
Waterloo Region

# Participant Pledge Sheet

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Participants fundraising goal is \$250.00*

Name	Mailing Address (please provide full address s for tax receipt issuing)	City	Postal Code	Email (for tax receipting mailing only)	Pledge \$\$



**Cheques made payable to Hospice Waterloo Region.  
Tax receipts will be issued for all amounts \$20.00 and over.**

Hospice of Waterloo Region, 100 Solstice Ave., Waterloo, Ontario, N2K 0G3  
Charitable Number: 140415795RR0001