

Participant Information — PLEASE PRINT CLEARLY

NAME: _____ EMAIL: _____ PHONE: _____

SUITE: _____ STREET: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

TEAM INFORMATION (IF APPLICABLE): TEAM NAME: _____ TEAM CAPTAIN: _____

I AM HIKING IN MEMORY/HONOUR OF (OPTIONAL): _____

- Please bring this pledge form with your pledges to the check-in desk on May 3, 2020.
- Pledges can also be entered in the online fundraising site under your participant centre.
- Please make cheques payable to Victoria Hospice.
- Tax-receipts will be automatically issued for donations of \$20 or more, provided mailing address is complete.

SPONSORS:

NAME: Jane Smith	EMAIL: janesmith@somewhere.ca	PHONE: 250-000-0000	PLEDGE AMOUNT:	PAID BY:
ADDRESS: 1234 Any Street	CITY: Victoria	PROV: BC POSTAL CODE: V0V 0V0	\$20	Cheque
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TOTAL DONATIONS

Charitable Registration # 11928 4230 RR0001

Victoria Hospice Society respects your privacy and adheres to legislated privacy requirements. The personal information we collect about you may be used to periodically inform you about programs, funding needs, opportunities to volunteer or donate, special events, lotteries or surveys. On occasion we publicly recognize the names of our donors. If at any time you do not consent to having your personal information used for the purposes set out above please contact us at 250-519-1744. We have not, nor will we ever sell, trade or rent-out any names or personal information. For donations less than \$20, receipts will be issued upon request.