



# PLEDGE FORM ● Sunday, May 6, 2018

Port Moody Civic Centre, 100 Newport Drive, Port Moody

REGISTRATION: 9:00 AM ● WARM-UP: 9:45 AM  
 HIKE: 10:00 AM ● PRIZES & AWARDS: 11:15 AM  
 604-945-0606 ● www.Hike4Hospice.ca

**(PLEASE PRINT CLEARLY)**

PARTICIPANT INFORMATION			Please Print Clearly		TEAM INFORMATION	
First Name	Last Name		<input type="checkbox"/> I am participating as part of a team			
Address			Team Name			
City	Prov.	Postal Code	Team Captain			
Home Tel.	Other Tel.		Company/School Name			
Email Address			Captain's Email Address			

DONATION INFORMATION					Pledge Amount Paid	
Please do NOT include online pledges on this form (Make cheques payable to Crossroads Hospice Society)						
First Name	Last Name					
Address	City, Prov.		Postal Code			
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
Cardholder Name	Expiry	Card #		DO NOT INCLUDE ONLINE PLEDGES		
First Name	Last Name					
Address	City, Prov.		Postal Code			
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
Cardholder Name	Expiry	Card #		DO NOT INCLUDE ONLINE PLEDGES		
First Name	Last Name					
Address	City, Prov.		Postal Code			
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
Cardholder Name	Expiry	Card #		DO NOT INCLUDE ONLINE PLEDGES		
First Name	Last Name					
Address	City, Prov.		Postal Code			
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
Cardholder Name	Expiry	Card #		DO NOT INCLUDE ONLINE PLEDGES		
First Name	Last Name					
Address	City, Prov.		Postal Code			
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card				
Cardholder Name	Expiry	Card #		DO NOT INCLUDE ONLINE PLEDGES		

**TAX RECEIPT INFORMATION:**

\*Tax Receipts WILL be issued for donations of \$25 or more.

\*\* If email is provided, your tax receipt will be sent to you electronically.

Charitable Registration # 894850635RR0001

**FOR OFFICE USE ONLY:**

Total Cash \$ \_\_\_\_\_ Total No. of Pages \_\_\_\_\_  
 Total Cheque \$ \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 Total Credit Card \$ \_\_\_\_\_  
 GRAND TOTAL \$ \_\_\_\_\_

**Waiver/Release:** In consideration of my participation in the 2018 Hike for Hospice, I waive and release any and all claims that I and/or my heirs, executors, administrators, agents, insurers, assigns and other legal representatives have or may have against Crossroads Hospice Society and its administrators, trustees, officers, directors, agents, employees, volunteers, successors, affiliates, sponsors and other legal representatives, both present and future for any accident, injury, illness, in connection with the hike or Crossroads Hospice Society including, but not limited to, the purposes of marketing, promoting or otherwise reporting relating to the hike or Crossroads Hospice Society.

I am physically fit to participate in the Walk. I authorize the use of photos and digital videos showing my participation in the event. I have read and understand and agree with the content of this waiver/release prior to participating in the hike. If participant is under the age of majority, I confirm I am the parent/guardian of participant and sign this waiver/release on his or her behalf.

Signature of Participant or Guardian (if under age of 19) \_\_\_\_\_ Date: \_\_\_\_\_