



PLEDGE FORM

Sunday May 3rd, 2020 - Hike 4 Hospice TriCities

WHERE: Port Moody Civic Centre, 100 Newport Drive

REGISTRATION: 9:00 AM • **WARM-UP:** 9:45 AM

HIKE: 10:00 AM • **PRIZES & AWARDS:** 11:15 AM

INFO: 604-945-0606 • www.Hike4Hospice.ca

Please Do NOT add online pledges to this form

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			DO NOT INCLUDE ONLINE PLEDGES
Address		City, Prov.	Postal Code	
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		
Cardholder Name	Expiry	Card #		
First Name	Last Name			DO NOT INCLUDE ONLINE PLEDGES
Address		City, Prov.	Postal Code	
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		
Cardholder Name	Expiry	Card #		
First Name	Last Name			DO NOT INCLUDE ONLINE PLEDGES
Address		City, Prov.	Postal Code	
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		
Cardholder Name	Expiry	Card #		
First Name	Last Name			DO NOT INCLUDE ONLINE PLEDGES
Address		City, Prov.	Postal Code	
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		
Cardholder Name	Expiry	Card #		
First Name	Last Name			DO NOT INCLUDE ONLINE PLEDGES
Address		City, Prov.	Postal Code	
Email	Tel.	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		
Cardholder Name	Expiry	Card #		

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 2020 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: _____