

Pledge Form



Use this form if you did not register online and/or want to collect offline pledges. Please do not include any pledges on this form that you receive online on your fundraising page

Charitable Registration #710428673RR0001

Registration Paid (please circle) Yes / No If yes, paid online / in office (please circle)			I/We are walking in memory of:			Office
Team Name (if applicable)						Use
Participants Name	Address, City, Postal Code	Email	Phone	Pledge \$	Paid by cash or cheque	ONly
Pledge Name	Address, City, Postal Code	Email	Phone	Pledge \$	Paid by cash or cheque	
I hereby release the organization of the event, their agents, volunteers, event sponsors and Heron Hospice Society of Delta from any and all liability. I authorize the use of photos showing my participation in the event. Each team member must sign waiver on their own pledge form. Signature: ALL PARTICIPANTS MUST SIGN (under 19 parent/guardian must sign) Cash and cheques accepted. Please make cheques payable to Heron Hospice Society of Delta.			Tax receipts issued for pledges of \$20.00 or more. No tax receipt issued for registration fees. Cash Total \$ Cheque Total \$ Pledge Total \$			
Credit card donation must be made online a www.heronhospice.org/hike or by calling the office at 604 245 7380			I do not want my name or my pledge's names posted on the Heron Hospice Society online fundraising platform.			