



# HIKE FOR HOSPICE VAUGHAN

## SUNDAY JUNE 4, 2023

# PLEDGE FORM

**HIKER INFORMATION:**

Hiker's Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

SPONSOR'S NAME	ADDRESS	CITY/PROVINCE	POSTAL CODE	DONATION AMOUNT (\$)
			<b>PAGE TOTAL:</b>	
			<b>TOTAL PLEDGE AMOUNT:</b>	

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