

## HIKE FOR HOSPICE VAUGHAN SUNDAY JUNE 2, 2024

## **HIKER INFORMATION:**

Hiker's Name:

Team Name:

SPONSOR'S NAME	ADDRESS	CITY/PROVINCE	POSTAL CODE	DONATION AMOUNT (\$)
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If needed there are extra pledge forms available, or this page can be copied. If using extra forms, please attach them to this form.

## PLEDGE FORM