Pledge Form

Saturday, Sept. 23, 2017, Bobby's Hospice, 385 Dufferin Row- 10:30 am

Your Name:_____**Address:**_____

City:_____ **Postal Code:**_____ **Phone:**_____

Team Name:_____ **Total Raised:**_____

Tax receipts are issued for donations of $10 or more—complete address and postal code is required.

Donor Name	Address/City/Postal Code	Amount	Paid On Hospice Website via Canada Helps	Paid Cash, Cheque or Credit