



HOSPICE COLOUR WALK

Name Receipt Issued To: _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone: _____ Email: _____

Please Note: Your email address is required to provide you with your tax receipt

Walkers/ Team Name: _____

Donation Amount: _____

Choose your method of payment:

Cheque (enclosed) Cash (enclosed)

Enter information on website purchasing

Thank you for your support!

HOSPICE OFFICE USE ONLY:

Donation Received by: _____ Donation Date: _____

(Staff/Volunteer Name)

Special Notes on Donation _____

Prince George Hospice Society
1506 Ferry Ave
250-563-2551 | info@hospiceprincegeorge.ca