



HOSPICE COLOUR WALK PLEDGE SHEET



Name Receipt Issued To: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

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

Walker/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 Palliative Care Society
1506 Ferry Ave, Prince George BC
250-563-2551 | info@PGHPCS.ca