



Hike for Pilgrims Hospice – Pledge Form

Saturday, April 25, 2026



Participants Name <i>(Please print)</i>	Street Address	City	Prov.	Postal Code	Phone	Email

Team Name <i>(if applicable):</i>	My fundraising goal is: \$
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Donor Name <i>(Please print)</i>	Street Address	City	Prov.	Postal Code	Phone	Email	Pledge Amount
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
Total amount this page:							\$

TO PLEDGERS

Tax receipts will be issued for pledges of \$20 or more.
For receipting purposes, please complete donor info.

Cheques payable to: Pilgrims Hospice Society

TO HIKERS

Collect pledges as you sign up supporters.
Bring pledge forms and donations to t-shirt pickup or
Hike Registration table on hike day.

REGISTER
Individually and/or as a Team,
or download Pledge Forms at:
pilgrimshospice.com/hike

For online pledges, go to
pilgrimshospice.com/hike

Total Cash & Cheque Pledges	\$
GRAND TOTAL	\$