

YOU choose the place, time and companions from your “bubble” to safely enjoy fresh air & nature for Hospice!

Team Name (if applicable): _____

Participant Name: _____ Walking in memory of: _____

Email: _____ Participant Address: _____ Phone: _____

DONATIONS COLLECTED: Note: Donations of \$20 or more, if printed LEGIBLY below, will receive a charitable tax receipt by mail within a few weeks of the event.

Receipts for under \$20 upon request. Credit card donations may be made by calling Hospice Huronia 705-549-1034 or online: www.hospicehuronia.ca search Hike under Events. Please make cheques payable to Hospice Huronia.

Donations collected should be brought to Hospice Huronia in person or by mail: 948 Fuller Avenue, Penetanguishene, Ontario L9M 1G7

NAME	ADDRESS	CITY	POSTAL CODE	PHONE	Cheque	Cash
					\$	\$
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				TOTAL	\$	\$