



Participant Name: _____ TEAM (if applicable) _____ 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

Please make cheques payable to Hospice Huronia.

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

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

Questions? Call 705-549-1034 or Email: info@hospicehuronia.ca Charitable # 89991 5243 RR0001