HIKE FOR HOSPICE

PLEDGE FORM | JUNE 20th 2026

Please print your full name and team name (if applicable)

WALKER / RUNNER NAME:

TEAM NAME:

Kemp Care Network

FIRST AND LAST NAME	STREET ADDRESS	POSTAL / CITY	EMAIL	PLEDGE AMOUNT ($) (INDICATE CASH OR CHQ)

Tax Receipt will be issued for donation of $20 or more. All above information MUST be filled out for the donor to receive a Tax Receipt.