

Dragon Boat PLEDGE FORM

Residential Hospice
Fund Ken's Dream



Paddler Name: _____ Team Name: _____

Address: _____

Telephone #: _____ Email: _____

1. Please make cheques payable to **Hospice West Parry Sound**
2. It is the participant's responsibility to collect all pledges. All monies must be turned into the Dragon Boat Festival registration desk at the event.
3. Tax receipts will be issued for all donations of \$10 or more, if the *full name, address, and postal code* is provided and is legible. If eligible for a tax receipt, please indicate in the Adult column

Pledge Information – PLEASE PRINT	AMOUNT CASH	AMOUNT CHEQUE	ADULT
Name:			
Address:			
Email:			
Name:			
Address:			
Email:			
Name:			
Address:			
Email:			
Name:			
Address:			
Email:			
Name:			
Address:			
Email:			
Name:			
Address:			
Email:			