Hospice Society *of* Greater Halifax
Living fully, dying well.

Hike for Hospice Palliative Care

Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Hike Pledge Sheet

May 1, 2011

Please **PRINT CLEARLY!** Full address is required for a tax receipt.

Registered Charity # 869623215RR0001: tax receipt available for donations of $10 or more.

Hiker: _____ Team name (if applicable):_____

Phone: _____ Email: _____

Name	Street Address	City	Postal Code	Phone #	Donation	Paid	Tax rec. requested

www.hospicehalifax.com Office: (902) 446-0929 hospice@eastlink.ca Page donation total:_____ Pg ___ of ___

To collect pledges online, go to www.hikeforhospice.com

National Sponsors: Bayshore Home Health — The GlaxoSmithKline Foundation

National Hospice Palliative Care Week, May 01 - 07, 2011

Hospice Society *of* Greater Halifax
Living fully, dying well.

Hike for Hospice Palliative Care

Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

Hike Pledge Sheet

May 1, 2011

Please **PRINT CLEARLY!** Full address is required for a tax receipt.

Registered Charity # 869623215RR0001: tax receipt available for donations of $10 or more.

Hiker: _____ Team name (if applicable):_____

Phone: _____ Email: _____

Name	Street Address	City	Postal Code	Phone #	Donation	Paid	Tax rec. requested

www.hospicehalifax.com Office: (902) 446-0929 care@hospicehalifax.org Page donation total:_____ Pg ___ of ___

To collect pledges online, go to www.hikeforhospice.com

National Sponsors: Bayshore Home Health — The GlaxoSmithKline Foundation

National Hospice Palliative Care Week, May 01 - 07, 2011