



Hospice Hero NAME(s): _____

My/Our 2020 Challenge NAME: _____

My/Our 2020 Challenge page LINK: _____
(Canada Helps Registration Link)

PLEDGE amount: _____ CASH CHEQUE* Payable to The Bridge Hospice

Name: _____

Address: _____ RR/PO Box: _____

Town/City: _____ Prov: _____ Postal Code: _____

Email*: _____ Phone: _____

Receipts for \$20 or more will be **emailed to the email address above. If you prefer that we **mail** your receipt, please check here*

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