



FEEL FREE TO COPY Page: _____ of: _____

ARCH Hospice Pledge Form

Please consider providing an email. Email receipts will help us allocate more funds to providing quality compassionate care through end-of-life.

First Name: _____ Last Name: _____ Team: _____

Address: _____ Apt: _____ City: _____ Province: _____ Postal Code: _____

Email: _____

Home Tel: _____ Bus Tel: _____ Other Tel: _____

Receipts will be issued for all donations of \$20 or more, or if requested, only if donors name and address are complete and legible. Please make cheques payable to "ARCH". ARCH Hospice 229 Fourth Line West, Sault Ste. Marie, Ontario P6A 0B5

	First Name	Last Name	Home Address	City	Prov.	Postal Code	Office Use	Type	Amount	Receipt
1								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
2								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
3								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
4								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
5								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
6								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
7								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
8								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
9								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
10								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									

Thank you for your generous support



ARCH hospice



By signing this form, I hereby remise, release & forever discharge ARCH Hospice, Stokely Creek Lodge & any other organizers, sponsors, staff, volunteers, & participants of & from any liability associated with the Chocolate Express. It is expressly understood & agreed that there are risks with voluntary participation in the Chocolate Express. It is further expressed & understood that winter sports can be dangerous & that, by participating in the Chocolate Express I am placing myself at risk of injury. I therefore agree to assume all risks of every kind & nature whatsoever arising out of my participation in the Chocolate Express. I further acknowledge that my participation & attendance at or during the Chocolate Express constitutes permission to be photographed for possible publicity, promotional, or other purposes, & constitutes a waiver of any & all claims for compensation from all sponsoring agencies.

Participant's Signature _____ Date _____

FOR OFFICE USE ONLY

Received \$ _____
 Non Received \$ _____
 Total Collected \$ _____

Registered Charity # 86395 3766 RR0001
 FD.02

Total Cash \$ _____
 Total Cheque \$ _____
 Total Page \$ _____