



**Supporting THE HOSPICE OF LONDON
with your pledges!**

Name of Runner/Walker: _____

Address: _____

Phone Number: _____ Postal Code: _____

Sponsor's Name	Sponsor's Address	Sponsor's Phone Number	Amount Pledged	Receipt (y/n)
1.				
2.				
3.				
4.				
5.				
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19.				
20.				

**Please make cheques payable to
The Hospice of London**

TOTAL PLEDGED _____

**Receipts for income tax purposes are issued for
pledges of \$10.00 or more.**

TOTAL REMITTED _____

Instructions:

- a. In order to be eligible for great prizes, please complete your pledge form and collect the money before Race Day.
- b. Bring both the completed form and all pledge money to the Pledge Table by 8:30 am on Race Day.