

Offline Pledges Form

Participant Name:		
Team Name (if applicable):		

Please complete all information below for those wishing donation receipts. (Minimum \$20 for receipt.)

ceipt Email add	ress Phone	Amount	(cash/cheque)	Collected

For more information on the event, please visit albernihospice.ca/SOFTWH

Please deliver pledge forms and donations to our community office, 2579 10th Avenue, Port Alberni, BC.

(Donations may be put in mail slot outside of office hours.)