



# Victoria Hospice

## Pledge Form

Pledge Collector's Name \_\_\_\_\_

### Proceeds to support end of life care

1. Please PRINT all information.
2. Collect all donations in advance. All donation money must accompany form.
3. Please make cheques payable to: **Victoria Hospice**.
4. **Tax receipts are issued upon request for donations of \$20.00 or more with complete legible mailing address** (including postal code).

	Name	Address/City/Province/Postal Code	Phone/Email	Pledge Amount	Paid by Cheque or Cash	Receipt requested
	<i>Your name</i>	<i>1111 Street Name</i>	<i>(123) 456-7890</i>	<i>\$00.00</i>	<i>CHEQUE</i>	<i>Yes</i>
		<i>Hometown, BC</i>	<i>ENDOFLIFECARE @HOME.CA</i>			
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