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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 donations **\$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,

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

PLEASE COMPLETE THE FOLLOWING:

Choose your Distance

- 100 km 70 km 40 km 20 km

T-Shirt (Pledges over \$100)

- Men's or Ladies or Youth
- XS S M L XL 2XL 3XL



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

FOR OFFICE USE ONLY

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