Please email your completed form to hike@hhnl.ca or mail it to Box 787, Almonte ON K0A 1A0 Call 613-724-1796 if you have any questions.







Hike any time in October, 2023! Online portal will remain active for donations until November 15.

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| TEAM CAPTAIN FULL NAME: | 0ffici | | |
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| ADDRESS: | | | email c |
| СІТҮ: | POSTAL CODE | PHONE | You |
| EMAIL | | | and re |

all cheques payable to Home Hospice North Lanark. ax receipts will be issued for donations over \$20. Tax receipts will be sent by mail providing information is legible and complete. In also send your donation via e-transfer. Send to treasurer@hhnl.ca erence Hike 2023 in the note.

Please submit completed form and collected donations by November 15, 2023. Please fill in one form per team.

| SPONSOR | ADDRESS | CITY | POSTAL CODE | EMAIL ADD | RESS FOR RECEIPT | CASH | CHEQUE | ONLINE |
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| Charitable Business Number: #821748134RR0001 Make cheques payable to: Home Hospice North Lanark TOTAL CASH PER PAGE | | | | | | \$ | | |
| WAIVER MUST BE SIGNED FOR REGISTRATION I hereby agree and hold harmless Home Hospice North Lanark (HHNL), corporate sponsors, co-operating organizations | | | | | | \$ | | |
| and any other parties connected with this event in any way singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in HHNLS Hike for Hospice or any activities associated herewith. I agree to follow recommended current COVID-19 guidelines. I also give full permission for use of my name and/or photo in connection with this event. Date | | | | | TOTAL ONLINE DONATIONS PER PAGE | | \$ | |
| | | | | | \$ | | | |

MAY WE SEND YOU NOTIFICATION EMAILS OF FUTURE HHNL EVENTS AND ACTIVITIES?

NO

YES