



## Adventure Challenge Pledge Form

Please PRINT all information

1. All pledge money must accompany form.
2. Cheques made payable to: **Canuck Place Children's Hospice** - mail to: 1690 Matthews Avenue, Vancouver, BC, V6J 2T2  
Attn: Stephani Samaridis
3. Keep on collecting. Photocopies are acceptable.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: ..... Tel: ..... Amount \$ .....

Address: ..... Payment:  Cash  Cheque [payable to Canuck Place]

City: .....  Visa  MasterCard  Amex Expiry:

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Prov: ..... Postal Code: ..... Credit Card No .....

Name: ..... Tel: ..... Amount \$ .....

Address: ..... Payment:  Cash  Cheque [payable to Canuck Place]

City: .....  Visa  MasterCard  Amex Expiry:

.....

Prov: ..... Postal Code: ..... Credit Card No .....

Name: ..... Tel: ..... Amount \$ .....

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City: .....  Visa  MasterCard  Amex Expiry:

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Prov: ..... Postal Code: ..... Credit Card No .....

Canuck Place Children's Hospice will automatically issue tax receipts for pledges of \$10 or more when submitted with complete address and postal code.