Pledge Form

Charitable #79270405RR0001

Participant Information:

Full Name:_____

Street Address:_____

Town:_____ Postal Code:_____

Email:_____ Phone:_____

Location: 760 Sideroad 5 S, Walkerton, Ontario

Cash and Cheques Drop Off

Please bring with pledge sheet to event or call SHI office at (519) 901- 701 to arrange drop off. All cheques to be made payable to **Saugeen Hospice Incorperated.**

Note: Pledge of $20 or more will receive tax receipt with complete name and mailing address.

Online Pledge total (only)$_____

E-Transfer- saddleupforsaugeenhospice@gmail.com

Donor Information:	Rural address must include fire number:	Pledge Amount:	Tax Receipt:
Full Name:_____ Phone:_____ Mailing Address:_____ City/Town:_____ Province:_____ Postal Code:_____ Email Address:_____		$_____,_____ ◯ Cash ◯ Cheque ◯ E-transfer	◯ Yes ◯ No ◯ Email ◯ Mail
		◯ Yes, I would like to receive email updates regarding Saugeen Hospice.	
Donor Information:	Rural address must include fire number:	Pledge Amount:	Tax Receipt:
Full Name:_____ Phone:_____ Mailing Address:_____ City/Town:_____ Province:_____ Postal Code:_____ Email Address:_____		$_____,_____ ◯ Cash ◯ Cheque ◯ E-transfer	◯ Yes ◯ No ◯ Email ◯ Mail
		◯ Yes, I would like to receive email updates regarding Saugeen Hospice.	
Donor Information:	Rural address must include fire number:	Pledge Amount:	Tax Receipt:
Full Name:_____ Phone:_____ Mailing Address:_____ City/Town:_____ Province:_____ Postal Code:_____ Email Address:_____		$_____,_____ ◯ Cash ◯ Cheque ◯ E-transfer	◯ Yes ◯ No ◯ Email ◯ Mail
		◯ Yes, I would like to receive email updates regarding Saugeen Hospice.	

Office Use Only: Cash Sum:$_____ Chq Sum:$_____ E-Transfer Sum:$_____ Page:$_____

Donor Information:	Rural address must include fire number:	Pledge Amount:	Tax Receipt:
Full Name:______________ Phone:__________ Mailing Address:______________ City/Town:__________ Province:__________ Postal Code:__________ Email Address:______________		$______,______ ◯ Cash ◯ Cheque ◯ E-transfer	◯ Yes ◯ No ◯ Email ◯ Mail
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Donor Information:	Rural address must include fire number:	Pledge Amount:	Tax Receipt:
Full Name:______________ Phone:__________ Mailing Address:______________ City/Town:__________ Province:__________ Postal Code:__________ Email Address:______________		$______,______ ◯ Cash ◯ Cheque ◯ E-transfer	◯ Yes ◯ No ◯ Email ◯ Mail
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Donor Information:	Rural address must include fire number:	Pledge Amount:	Tax Receipt:
Full Name:______________ Phone:__________ Mailing Address:______________ City/Town:__________ Province:__________ Postal Code:__________ Email Address:______________		$______,______ ◯ Cash ◯ Cheque ◯ E-transfer	◯ Yes ◯ No ◯ Email ◯ Mail
		◯ Yes, I would like to receive email updates regarding Saugeen Hospice.	

Office Use Only: Cash Sum:$__________ Chq Sum:$__________ E-Transfer Sum:$__________ Page:$__________

Release Liability Consent

Sponsoring agencies, sponsors, advertisers, and, if applicable, owners, and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, in the SADDLE UP FOR SAUGEEN HOSPICE WHETHER FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S NAME (print name):____________________ Signature:____________________ Age:________ Date:______________

Photography Consent

FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE. This consent is to certify that I, as the parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next to kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVENIF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.The Saugeen Hospice (SHI) may sometimes establish a social network platform such as Facebook, Instagram, X (Twitter), and Threads to inform the public of purposes and events.

PARENT/LEGAL GUARDIAN (print name):____________________ Signature:____________________ Participant Age:________ Date:______________