Rider Information Goal: \$______ NAME: EMAIL: PHONE: TEAM NAME (IF APPLICABLE):



On July 20-21, 2024,I will be cycling nearly 200km to raise funds for Vancouver Island hospice care. Thank you for supporting my ride!!

SPONSORS - PLEASE PRINT CLEARLY

2024 CYCLE OF LIFE TOUR PLEDGE FORM

- Make cheques payable to Victoria Hospice
- Tax-receipts will be automatically issued for donations of \$20 or more
- COMPLETE mailing address with postal code required for ALL tax-receipts
- · Tax-receipt will be issued by email only if email address and full mailing address is provided.

Rider Info:

- Please return form and funds to Victoria Hospice or submit at the Rider Check-In on July 19, 2024
- enter theses pledges into your online fundraising page under your Participant Centre prior to submission to be counted towards contest entries.

NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		
NAME:	EMAIL:		PHONE:		PLEDGE AMOUNT:	PAID BY:
ADDRESS:		CITY:	PROV:	POSTAL CODE:		

TOTAL DONATIONS