PARTICIPANT NAME :_____ ADDRESS: _____

POSTAL CODE: _____ PHONE: _____EMAIL:_____

All information must be provided in order to receive an income tax receipt. Receipts will be issued for pledges of $10 or more
Hiatus House will not disclose information with respect to donors to third parties except as required by law.

NAME (PLEASE PRINT)	ADDRESS	CITY	POSTAL CODE	EMAIL	AMOUNT PLEDGED	AMOUNT RECEIVED