

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

# JOURNEY TO HOPE MJ

Supporting Suicide Awareness and Prevention  
 HOPE – HEALING – HONOURING

I walk in memory of:  
 \_\_\_\_\_  
 \_\_\_\_\_

- Thank you for supporting the Journey to Hope MJ Fundraising Event for Suicide Awareness and Prevention!
- All proceeds raised will go directly to Suicide Awareness and Prevention Resources.
- Tax receipts can be issued for donations of \$10.00 or more.
- **Please make cheques payable to: CMHA-Journey to Hope**
- Any questions? [info@hopesummit.ca](mailto:info@hopesummit.ca)
- **If possible, please turn in Pledges BEFORE THE EVENT: before September 20<sup>th</sup> NOON by emailing [info@hopesummit.ca](mailto:info@hopesummit.ca) for pickup/dropoff. If not, please bring to Pledge Return Table at Event. Thank you.**
- **2024 Journey to Hope Event is: Sat. Sept. 21, 2024 at Crescent Park Amphitheatre  
 10am Gathering Activities/10:30am Program**

SPONSOR'S FULL NAME (PLEASE PRINT CLEARLY)	COMPLETE ADDRESS				PHONE #	PLEDGE (\$)	PAID	CASH/ CHEQUE/ ETRANSER	TAX RECEIPT REQ
	STREET	CITY	PROV	POSTAL CODE					

**PLEASE MAKE CHEQUE PAYABLE TO: CMHA- JOURNEY TO HOPE** PAGE TOTAL:

**LIABILITY WAIVER (PLEASE READ CAREFULLY)**  
 In volunteering to participate in the Journey to Hope Fundraising Event 2024, I hereby agree that this activity shall be at my own risk against all casualties to Myself or my property and that I take all risks of any kind no matter how caused and hereby release and discharge Journey to Hope MJ of and from all actions, claims and of every nature and kind.  
 Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

