Name:		10UR	NE	YTO H	(O)	E MJ			
Phone: Walking in memory of:		Supporting Suicide Awareness and Prevention HOPE – HEALING – HONOURING							
 All proce Tax rece Please I Any ques If possi for pick 	ou for supporting the eds raised will go dir ipts can be issued for make cheques payastions? info@hopesurble, please turn in up/dropoff. Thank to Hope Event is:	ectly to Suicide donations of ble to: CMHA nmit.ca Pledges BEFC you.	e Awarenes \$10.00 or particular of the second of the secon	ss and Prevention I more. to Hope VENT: before Se	Resources. ptember :	29th NOON by	<mark>, email</mark>	ing <u>info@h</u>	_
SPONSOR'S FULL NAME (PLEASE PRINT CLEARLY)	STREET	COMPLETE AD	DDRESS PROV	POSTAL CODE	PHONE #	PLEDGE AMOUNT (\$)	PAID	CASH OR CHEQUE	TAX RECEIPT REQ
PLEASE MAKE CHEQUE PAYABLE TO: LIABILITY WAIVER (PLEASE READ CAREFULLY)					Total:				
In volunteering to participate or my property and that I tal demands of every nature and	in the Journey to Hope ke all risks of any kind kind.	no matter how	caused and	hereby release and	discharge J		MJ of an	d from all act	tions, claims and