HIKE FOR HOPE 2019

Name of HIKER: _____ Team Name : _____

Address: _____ Phone: _____ E-mail: _____

Place all collected donations in envelope. Make all checks payable to: *Summer of Hope* .
Receipts will be mailed to donors. TAX DEDUCTIBLE

Sponsor's Name	Address with City and Zip	Phone	Amount Pledged	Amount Re-ceived Please note Check or Cash

Sponsor/Donor's Name	Address	Phone	Amount Pledged	Amount Received (Please note check or cash)