



Hospice Memorial Walk Donation Sheet

Walker's Name: _____ Email: _____

Team Name (if applicable): _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Address: _____ City: _____ State: ____ Zip: _____

Donor's Name & Complete Address (Email address optional)

Donation Collected

Example:	John Smith	123 Main Street	Buffalo, NY 14222	joe@gmail.com	\$100.00	<input checked="" type="checkbox"/>
1.						
2.						
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15.						

Donations can be turned in the following ways:

1. Mailed in or brought to: Hospice Foundation, 225 Como Park Blvd., Cheektowaga, NY 14227, ATTN: Hospice Memorial Walk. If mailed, please include this sheet.
2. Brought to Walk Kick-Off Day on May 15 (2-6pm). Hospice & Palliative Care Buffalo, 225 Como Park Blvd., Cheektowaga, NY 14227.