

# ROUTE MARKER ORDER FORM

For **\$150**, you can purchase a Route Marker and proudly have your name, team name, company name, a name of a doctor or nurse who made a difference, or your loved one's name displayed on Walk Weekend at Canalside. Your sign and support of the Memorial Walk will be seen by over a thousand walkers.

Anyone can purchase!



**Route Markers sold can  
be credited towards  
any Walker's individual  
fundraising grand total!**

**Donations cannot be credited to a team page.**

**Route Marker signs  
are 24" x 18"**

**ORDER FORM ON REVERSE**

# Route Marker Order Form



Please check one of the following:

I am a(n)...

Individual (registered for the Memorial Walk)

Please credit this route marker towards my fundraising goal.

Individual (Not participating in the Walk)

Please credit my route marker to \_\_\_\_\_

Company/Organization

Please credit my route marker to \_\_\_\_\_

Contact or Individual Name: \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## My Route Marker should read as follows (please print clearly):

This route marker sponsored by: \_\_\_\_\_

In Memory Of / Honor Of: \_\_\_\_\_

## Payment Options:

\_\_\_\_\_ Enclosed is my check for \$150 (payable to The Hospice Foundation of WNY)

\_\_\_\_\_ Please bill my credit card

Check one:      Visa      MasterCard      Discover      American Express

Credit card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

## ***Mail or e-mail this form and your check by May 8th to:***

Hospice & Palliative Care Buffalo

Attn: Hospice Memorial Walk

225 Como Park Blvd. Buffalo, NY 14227

Phone: (716) 989-2010 | E-mail: [events@palliativecare.org](mailto:events@palliativecare.org) | [HospiceMemorialWalk.com](http://HospiceMemorialWalk.com)