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Yes, I will make a contribution to help The Community Hospice.

\$500 \$250 \$100 \$50 \$25 Other Amount: \$ _____

Please make your check payable to The Community Hospice.

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Participant Information

Name _____

Address _____

Date of Walk _____

Thank You So Much For Your Contribution!

Mail this form and your check to:
Walk for Hospice
310 South Manning Boulevard
Albany, NY 12208

www.walk4hospice.org

The mission of Community Hospice is to serve seriously ill people and their families during the process of dying and grieving. We enhance quality of life with comprehensive, compassionate services that respect the dignity of those we serve. The Community Hospice is a designated IRS charity and tax exempt (14-1608921).