

# FUNDRAISING FORM - For questions call 518-482-4433 or email [info@walk4hospice.org](mailto:info@walk4hospice.org).

List all your sponsors and their contributions on the form below and mail by **no later than one (1) week prior to the Walk** or bring it with you to the Walk. Copy this form for additional contributions. Have sponsors make checks payable to **The Community Hospice**. If you've already registered online, you may also use this form for additional contributions.

**Matching gifts could double your money!** All matching gifts must have company forms submitted to Hospice by day of Walk to be considered for top fund raising prizes.

Name of Walker \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (day) \_\_\_\_\_ Phone (other) \_\_\_\_\_

I am walking as part of a team. Team Name \_\_\_\_\_ or Company Name \_\_\_\_\_

Name of Sponsor	Address	In Memory/ Honor of	\$Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Mail to: **Walk for Hospice**, 310 South Manning Boulevard, Albany, NY 12208 **TOTAL: \$** \_\_\_\_\_

Please write to us if you wish to be removed from future Community Hospice fundraising appeals.