

FUNDRAISING FORM - For questions call 518-482-4433 or email 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 Foundation**. 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 _____

I am walking as an Individual _____

	Name of Sponsor	Address	In Memory/ Honor of	\$ Amount
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Mail to: **The Community Hospice Foundation**, 310 South Manning Boulevard, Albany, NY 12208 TOTAL: \$ _____

