

FUNDRAISING FORM

List all your sponsors and their contributions on the form below and mail by **June 7th**, or bring it along with your total donations to the Walk on **Saturday, June 15th**. 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 fundraising prizes.

Name of Walker _____

Address _____

City/State/Zip _____

E-mail _____ Phone (day) _____ Phone (evening) _____

☐ I am walking as part of a team. Team Name _____ or Company Name _____

Name of Sponsor	Address	Phone	In Memory/Honor of	\$ Amount
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