BOWL FOR HOSPICE

CentraCare Foundation

Name: ____________________
Address: ____________________
City: ____________________
Phone: ____________________
Group Name (if applicable): ____________________

One Person Per Sheet

Make checks payable to:
CentraCare Foundation
(Include Bowl for Hospice in the memo line)
Please try for a
Minimum of $20.00 in Donations

Name (or group name if applicable)	Address	Amount Donated	Signature	$	Amount Collected

Total Donated: ______ **Total Collected:** ______

I'd like to designate my donation to go to the following hospice location(s):

- ☐ Appleton
- ☐ Benson
- ☐ Dawson
- ☐ Montevideo
- ☐ Ortonville/Graceville
- ☐ Willmar

Game #1: ____________________
Game #2: ____________________
Total: ____________________

Thank You!

HOSPICE USE ONLY

Total Donated: ____________________
Total Collected: ____________________
Amount Due: ____________________

_____O _____N