Name: ______________________________
Address: ______________________________
City: ______________________________
Phone: ______________________________
Group Name (if applicable): ______________

**One Person Per Sheet**

Make checks payable to:
**Carris Health - Rice Hospice**
Please try for a
Minimum of $20.00 in Donations

K-95.3 FM/KDJS

# BOWL FOR HOSPICE

| Name (or group name if applicable) | Address | Amount Donated | Signature | $ | Amount Collected |
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**Total Donated:** ______ **Total Collected:** ______

**Locations:**
***Please check with bowling alleys for times***

- ☐ Benson: 843-4040
- ☐ Dawson: 769-2771
- ☐ Montevideo: 269-8525
- ☐ New London: 354-2112
- ☐ Ortonville: 839-7044
- ☐ Granite Falls: 564-3700
- ☐ Graceville: 748-7391

Game #1: ______________
Game #2: ______________
Total: ______________

*Thank You!*

**HOSPICE USE ONLY**
Total Donated: ______________
Total Collected: ______________
Amount Due: ______________

_____D _____O ____G _____N______M _____B______G/F