| Name:    | One         |
|----------|-------------|
| Address: | ———— Person |
| City:    | Per         |
| Phone:   | Sheet       |
|          |             |

☐ Willmar

## Make checks payable to: CentraCare Foundation

## **BOWL FOR HOSPICE**

Amount Due:

0

(Include Bowl for Hospice in the memo line)
Please try for a

© CentraCare®

| i none.  | 00 in Donations |                       | Foundation        |                  |                  |          |                     |  |
|--|-----------------|-----------------------|-------------------|------------------|------------------|----------|---------------------|--|
| Group Name (if applicable):  |                 | ινιιιιιτιαττιοι φ20.0 | 10 III Donations  |                  |                  |          |                     |  |
| Name (or group name if applicable)   | Add             | ress                  | Amount<br>Donated | Signature        | (                | \$       | Amount<br>Collected |  |
|  |                 |                       |                   |                  |                  | $\Box$   |                     |  |
|  |                 |                       |                   |                  |                  | $\dashv$ |                     |  |
|  |                 |                       |                   |                  |                  | $\dashv$ |                     |  |
|  |                 |                       |                   |                  |                  | _        |                     |  |
|  |                 |                       |                   |                  |                  | _        |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  | -        |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  |          |                     |  |
|  |                 |                       |                   |                  |                  | $\dashv$ |                     |  |
|  |                 |                       |                   |                  |                  | _        |                     |  |
|  |                 |                       |                   |                  |                  | $\dashv$ |                     |  |
|  |                 |                       |                   |                  |                  | $\dashv$ |                     |  |
| I'd like to designate my donation to go to the following hospice location(s):  □ Appleton □ Benson |                 |                       |                   | Total Collected: |                  |          |                     |  |
|  |                 |                       | T                 |                  | HOSPICE USE ONLY |          |                     |  |
| <ul><li>□ Dawson</li><li>□ Montevideo</li></ul>  | Game #1:        |                       | Thank You!        |                  | Total Donated:   |          |                     |  |
| ☐ Ortonville/Graceville  | Game #2:        |                       |                   | 100              | ai Collecteu     |          |                     |  |

Total: