Name _____
Address _____
City _____
Phone _____
Group Name (if applicable) _____

One Person Per Sheet

Make checks payable to:
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
	Total Donated:			**Total Collected:**	

Locations:

Please check with bowling alleys for times

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

Game #1 _____
Game #2 _____
Total _____

_____O _____G _____M _____B _____W _____D _____G/F _____N

Thank You!

HOSPICE USE ONLY

Total Donated _____
Total Collected _____
Amount Due _____