

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/KDJS
 FM
 BOWL FOR HOSPICE**

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

Total Donated: _____ **Total Collected:** _____

Thank You!

HOSPICE USE ONLY	
Total Donated	_____
Total Collected	_____
Amount Due	_____