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
New London: 354-2112
Willmar: 235-0195
Montevideo: 269-8525
Ortonville: 839-7044
Granite Falls: 564-3700
Dawson Bowl: 769-2771
Koronis Lanes: 243-5094
Don’s Alleys: 748-7391

Game #1 ______________________

Game #2 ______________________

Total ______________________

Thank You!

HOSPICE USE ONLY

Total Donated ______________

Total Collected ______________

Amount Due ______________

_____O _____G _____N _____ M _____ B _____W _____ G/F _____D _____ P