

Participant: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Team: \_\_\_\_\_



Donor Name	Address	Town	Postal Code	Email	Amount	Cash	Cheque	Paid	
Total This Sheet									

Cheques to be made payable to Lionel Kelland Hospice. Registered Charity Number is 75123 7090 RR0001. Receipts will be issued for donations of \$10 and greater. Mailing address is Lionel Kelland Hospice, 3 St. Catherine Street, Grand Falls-Windsor, NL, A2A 1V7. Donate online at [www.lionelkellandhospice.ca](http://www.lionelkellandhospice.ca)