ROUTE MARKER ORDER FORM

For **$150**, you can purchase a Route Marker and proudly have your name, team name, company name, a name of a doctor or nurse who made a difference, or your loved one's name displayed on a sign along the walk route. Your sign and support of the Memorial Walk will be seen by thousands of walkers. Anyone can purchase!

Local businesses, organizations, individuals, teams...

Route Marker signs are 24" x 18"

Route Markers sold can be credited towards any Walker's individual fundraising grand total!

ORDER FORM ON REVERSE

Route Marker Order Form

Hospice MEMORIAL 22nd Annual Walk

Please check one of following:
I am a(n)...

☐ Individual (registered for the Memorial Walk)
Please credit this route marker towards my fundraising goal.

☐ Individual (Not participating in the Walk)
Please credit my route marker to _____

☐ Company/Organization
Please credit my route marker to _____

Contact or Individual Name: _____

Company/Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

My Route Marker should read as follows (please print clearly):

This route marker sponsored by: _____

In Memory Of / Honor Of: _____
(Circle one)

Payment Options:
_____ Enclosed is my check for $150 (payable to The Hospice Foundation of WNY)
_____ Please bill my credit card

Circle one: Visa MasterCard Discover American Express

Credit card # _____

Exp. Date _____ Signature _____

Mail this form and your check to:

Hospice Foundation of WNY
Attn: Hospice Memorial Walk
225 Como Park Blvd. Buffalo, NY 14227
Phone: (716) 686-8090 | Fax: (716) 989-2295 | HospiceMemorialWalk.com