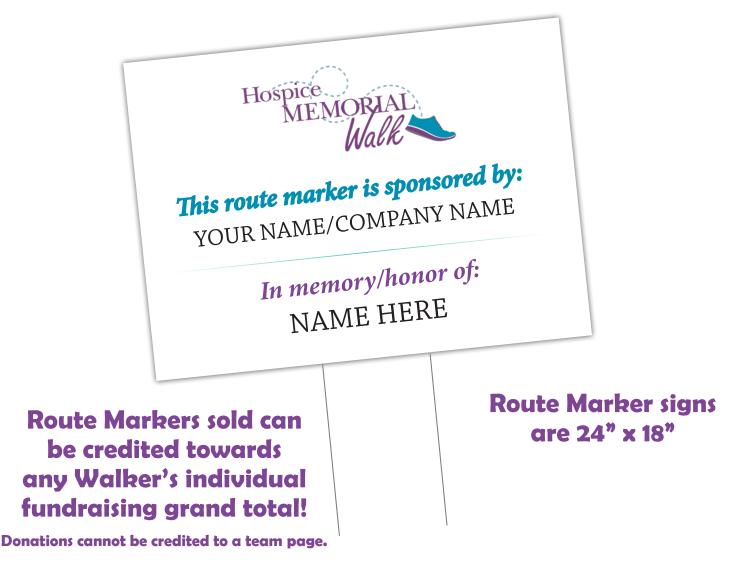
ROUTE MARKER ORDER FORM

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 Walk Weekend at Canalside. Your sign and support of the Memorial Walk will be seen by over a thousand walkers. Anyone can purchase!



Route Marker Order Form



Please check one of the following
l 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:
Payment Options: Enclosed is my check for \$150 (payable to The Hospice Foundation of WNY) Please bill my credit card Check one: Visa MasterCard Discover American Express
Credit card #
Exp. Date Signature
Mail or e-mail this form and your check by May 8th to: Hospice & Palliative Care Buffalo Attn: Hospice Memorial Walk 225 Como Park Blvd. Buffalo, NY 14227

Phone: (716) 989-2010 | E-mail: events@palliativecare.org| HospiceMemorialWalk.com