

Team Name:  
Walk Location:

# HAMIOTA WALK FOR HOPE

Your donations will make a huge difference for the Hamiota Hospital. Thanks to the generosity of the donors, the Hamiota Hospital is able to provide programs and services to individuals and families during their journeys. Thank you for your support.

Participants Name	Address	City/Town	Postal Code
E-mail	Tel (day)	Tel (evening)	

**Your supporter's information:**

Please make cheques payable to **Prairie Mountain Health**

**Please print clearly.**

Receipts can be mailed for donations of \$20 or more.

Name	Mailing Address	Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/Town	Postal Code	Donation \$
Telephone	Email		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		
Name	Mailing Address	Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/Town	Postal Code	Donation \$
Telephone	Email		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		
Name	Mailing Address	Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/Town	Postal Code	Donation \$
Telephone	Email		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		
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Telephone	Email		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		
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Telephone	Email		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		
Name	Mailing Address	Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/Town	Postal Code	Donation \$
Telephone	Email		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		

CASH \$ \_\_\_\_\_  
 CHEQUE \$ \_\_\_\_\_  
 TOTAL = \$ \_\_\_\_\_