

## October 2, 9 a.m. Warner Lake Park Clearwater, MN

## - Sponsorship Form -

Please list your sponsors and the dollar amount collected in the table below. In addition, please total your donations and submit in the attached envelope. All donations should be turned it at the registration booth, with your registration form on the day of the walk. Thank you for participating!

Checks can be made out to CentraCare Health Foundation or CHF.

Sponsor Name	Mailing Address/Phone	Donation

Walk for Hope

Participant Name:

Total Donation

Amount



**♣ St. Cloud Hospital**CENTRACARE Health System

Breast Center

