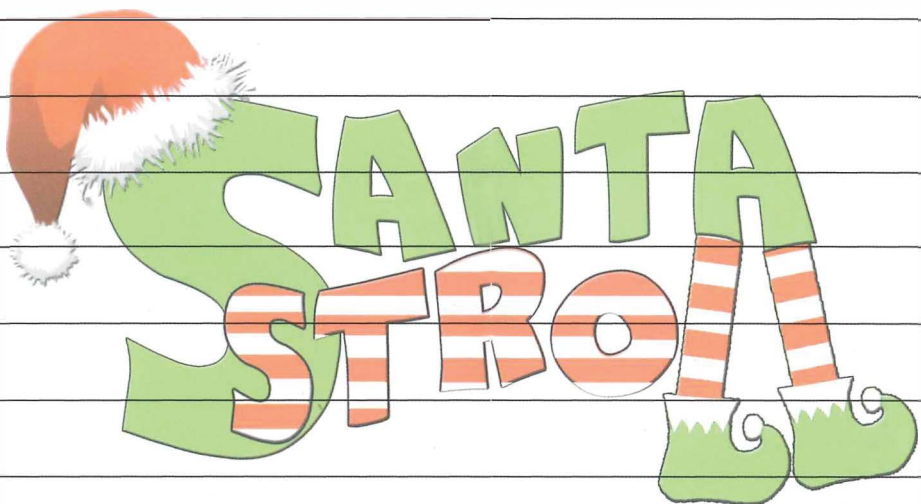


DONATION FORM

Receive a Santa Stroll 16 oz Tervis Tumbler when you raise \$200 or more!

WALKER'S NAME _____ DAYTIME PHONE _____ E-MAIL ADDRESS _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPONSOR'S NAME AND COMPLETE ADDRESS		DONATION COLLECTED	
John & Jane Smith	123 Main Street, Greenwood, SC 29649	\$50	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>



Company matching donation (please include all necessary forms/paperwork)

TOTAL \$ _____

Please make checks payable to
Hospice & Palliative Care of the Piedmont.
 We are your non-profit, community hospice.
 Thank you for your donation!

Donations to the Santa Stroll are tax deductible to the fullest extent provided by law. Receipts available upon request.

REGISTRATION FORM

Please fill out and mail
**ONE REGISTRATION FORM
 PER PARTICIPANT!**
 The day of the walk,
 bring your donation form (left),
 along with donations collected.



YOUR NAME _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ E-MAIL ADDRESS _____

*T-Shirt Size: YL S M L XL XX-L

*T-Shirt guaranteed to entries received prior to November 3rd.

	Prior to November 3rd*	After November 3rd
Age 13 and over	\$25	\$35
Age 6-12	\$10	\$15
Age 5 and under	FREE	FREE

I am unable to walk, but would like to:
 volunteer make a donation of \$ _____

Hospice & Palliative Care of the Piedmont
C/O Santa Stroll
408 West Alexander Avenue
Greenwood, SC 29646

I hereby waive all claims against Hospice & Palliative Care of the Piedmont and its affiliates, the sponsors of the Santa Stroll, volunteers and staff members of Hospice for any injury I (or my child) might suffer during the Santa Stroll. I grant full permission to Hospice & Palliative Care of the Piedmont to use photographs of me (and my child) for promotional purposes.

SIGNATURE (Parent or guardian if under 18) _____ DATE _____