NOBLE COUNTY WELLNESS DAY

FUND RAISER RECORD

PARTICIPANT NAME: _____

Donor Name/Phone #	**Amount**	**Check #**			**or Cash**

TOTAL: **$_____**

Make Donation Checks Payable To:

NOBLE COUNTY COMMUNITY FOUNDATION for COLE CENTER YMCA, STAHL MEMORIAL SCHOLARSHIP, and LIFE & FAMILY SERVICES

OTHERS DONATIONS MAKE CHECKS PAYABLE TO DRUG FREE NOBLE COUNTY OR PARKVIEW MEMORIAL HOSPITAL