

Donations			
Name:			Phone:
Address:			Email:
Amount: \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> VISA/MC # _____ Exp /
Name:			Phone:
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Make additional copies as needed. All donations must be collected and submitted the day of the walk, Sunday, May 4, 2008.

Total cash \$ _____ Total check \$ _____ Total Credit Card \$ _____

Walker signature _____ Verified _____