



HEART WALK 2011

Saturday, February 26, 2011

DONATIONS FORM

Team Name: _____

Manager _____ Phone _____

Mailing Address: _____ City _____

Donation by:	Amount	Cash	Check
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Totals	_____	_____	_____

Charity: 100% Hospital Foundation _____ *or 60% Charity of Choice* _____

Name of Charity: _____

Mailing Address of Charity: _____

City, State, Zip _____ Phone _____