

WALKER DONATION FORM

This form should be used by walkers and volunteers to collect donations/sponsorships in support of their participation in the 2^{nd} Annual PHF Hydrocephalus Awareness Walk.

WALKER NAME:	
ADDRESS:	
PHONE:	
Instructions: Please use this form to record the amo	unt of money you raise. Be sure to ask your friends,

family, co-workers, etc. to support your cause. List all donors/sponsors below. Turn in this form, along with all donations collected, at the registration table the morning of the walk.

Make checks payable to: The Pediatric Hydrocephalus Foundation, Inc. Please ask your donor to write your name and "Washington Walk" in the memo line.

The Pediatric Hydrocephalus Foundation is a nonprofit 501 (c)(3) charitable organization. All donations are tax deductible

HYDROCEPHALUS AWARENESS WALK DONOR/SPONSOR

DONOR NAME	ADDRESS & CONTACT NUMBER	EMAIL	AMOUNT DONATED

ľÜ	TAL DONATIONS	COLLECTED:	
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