



HYDROCEPHALUS AWARENESS WALK FUNDING A CURE

WALKER DONATION FORM

WALKER NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Instructions: Please use this form to record the amount of money you raise. Be sure to ask your friends, family, co-workers, etc. to support your cause. List all donors below. Turn in this form, along with all donations collected, at the registration booth 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 DONORS

DONOR NAME	ADDRESS & CONTACT NUMBER	EMAIL	AMOUNT DONATED

TOTAL DONATIONS COLLECTED: _____