



DONATION DEPOSIT SLIP

Please include a deposit slip with your pledges. It makes crediting each walker easier and more accurate.

Walk Name _____
 Participant's Name _____
 Participant's Address _____ Apt # _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Team (if applicable) _____

✓	Donor Name	Amount
		\$
		\$
		\$

✓	Donor Name	Amount
		\$
		\$
		\$

Please send this slip and your collected donations to:

Please fill this out based on the deposit you are turning in today.

Total Amount of Checks \$ _____

Total Amount of Cash \$ _____

(Do not mail cash! This field applies to Packet Pickup and drop off.)

Total Amount Enclosed

\$

For Office Use Only:

Checks \$ _____

Cash \$ _____

Amount Enclosed \$ _____

Received by _____



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