

## 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**

¢

Checks \$ \_\_\_\_\_\_
Cash \$ \_\_\_\_\_
Amount Enclosed \$ \_\_\_\_\_

Received by \_\_\_\_\_

**><**—



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For Office Use Only:

Checks \$
Amount Enclosed \$
7 mount Enclosed \$

Received by \_\_\_\_\_

**%**-



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