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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