

MY FUNDRAISING GOAL

Participant Name _____ Phone _____

Mailing Address _____ City _____ State _____ ZIP _____

E-mail Address _____ Team Name (if any) _____

Please record donations you receive made by check, money order or cash (offline donations) on this form. Please do not include donors who gave through your web page (online donations). Ask each donor to make their gift at the time they commit to you. Make checks payable to Stamford Hospital. All donations are tax-deductible.

Donor's First & Last Name* (as listed on check)	Donor's Mailing Address, City, State and ZIP Code*	10-Digit Daytime Phone Number*	Donation Enclosed	This Gift Was Entered Online	Matching Gift Form Enclosed*
Joseph L. Smith, Jr.	1526 Main Street, Unit 123 Stamford, CT 06901	203-555-4815	\$25	<input type="checkbox"/>	<input type="checkbox"/>
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>
10.				<input type="checkbox"/>	<input type="checkbox"/>
BRING THIS FORM AND ALL DONATIONS TO CHECK-IN TENT – RAIN OR SHINE			OFFLINE TOTAL		*For each matching gift, please attach the completed Matching Gift form or online gift receipt to the corresponding donation – cash, check, money order, or online donation confirmation.
Print additional forms from the Tools tab of our website. Please ask donors to make their debit card or credit card gifts on your fundraising page at www.hope-in-motion.org . *Indicates required information.			+ONLINE TOTAL		
			GRAND TOTAL		