

**Make a Donation to the Bennett Cancer Center**

Yes! I will make a contribution to help support Hope In Motion Walk.

\$500  \$250  \$100  \$50  \$25  Other Amt: \_\_\_\_\_

Donate to a team or participant  
Name of team/participant

\_\_\_\_\_

**Please Make Your Checks Payable to Stamford Hospital**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Donor Phone \_\_\_\_\_

Email \_\_\_\_\_

**Thank You So Much For Your Support!**

Mail this form and your check to:

**Stamford Hospital Foundation**

3001 Summer St, 2nd Fl, Stamford, CT 06905

For more information contact Kari Pollak- [kpollak@stamhealth.org](mailto:kpollak@stamhealth.org) or 203-276-2554

**Additional Information**

*To find out more about the Walk event, to register or donate  
visit [hopeinmotion.org](http://hopeinmotion.org)*

