Lincoln Marsh Walk for Awareness donation form

To ensure your donation is credited properly, please fill out the entire form, including the name of the participant you are sponsoring. Thank you for your support!

WALK FOR AWARENESS PARTICIPANT

DONOR INFORMATION: NAME (First, Last, MI)

COMPANY NAME (if applicable)

ADDRESS

CITY **STATE** **ZIP**

WORK PHONE **HOME/CELL**

E-MAIL

Please select the boxes, if any, that best describe you:

☐ **Advocate** ☐ **Cancer Patient/Survivor** ☐ **Wheaton Park District staff** ☐ **Volunteer**
☐ **Family Member** ☐ **Spouse/Significant Other** ☐ **Health Care Professional** ☐ **Caregiver/Loved one**

Donation Amount:

☐ **$250** ☐ **$100** ☐ **$75** ☐ **$50** ☐ **$25** ☐ **$_____ Other**

***Participants who raise $100.00 or more receive a free tote bag (while supplies last).**

Payment Information:

☐ **Check #: _____ or money order (made payable to Partners for the Lincoln Marsh)**

☐ **Credit Card:**
Card Type:
☐ **Visa** ☐ **Mastercard** ☐ **Discover** **Expiration Date _____**

Name on Card: _____

Signature: _____

***Form and payment may be brought to the walk event on October, 2nd 2010, faxed to 630.871.9213 or mailed to the following address:**

Lincoln Marsh Walk for Awareness, Wheaton Park District, 102 E. Wesley St., Wheaton IL 60187
***All proceeds benefit Lincoln Marsh and the Central DuPage Hospital Breast Health Center**
Thanks for your support!