

Contribution Form Walk 2008



Participant's Name: _____

Address: _____ City/State/Zip: _____

Phone: () _____ Email Address:

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NAME	ADDRESS	PAID
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IF USING ADDITIONAL SHEETS, PLEASE INCLUDE YOUR NAME AND PHONE NUMBER		TOTAL: \$

SATURDAY, OCTOBER 4th 2008, at Franklin Delano Roosevelt State Park for
The Children's Cancer Fund Eleventh Annual Walk

Registration is at 9 AM, the event starts at 10 AM, **RAIN OR SHINE!**

COMPLETE THE FORM and bring it to the Walk, on October 4th. REGISTRATION FEE: \$30

Raise more than **\$50** and receive a **FREE T-shirt!** Raise more than **\$350** and receive a **T-shirt and a CCF Tote Bag.**

Individuals who raise **\$500+** (even if you are a team member) earn a ticket for a **'SPECIAL RAFFLE'** on the day of event.

I will be walking on a team. Name of team: _____

I am the team captain.

I can't participate but please accept my contribution: \$ _____ Corporate matching

I understand and agree that I am participating voluntarily in the **Walk for The Children's Cancer Fund** at my own risk and my own request. I also give permission for free use of my name and my family's name and/or pictures or any print account or any other account in any medium for **Children's Cancer Fund.**

Signature: _____

Date: _____



Check enclosed (made payable to **Children's Cancer Fund**).

The Children's Cancer Fund
 PO Box 658, Millwood, NY 10546
 Questions? Call 800-426-5413 - Fax: 914-594-4022
www.childrenscancerfund.org

Credit Card Number:	
Expiration:	Please verify the billing address is identical to your credit card statement address.
Authorized Signature:	