

# Contribution Form ♥ Walk 2009



Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

NAME	ADDRESS	PAID
1.		
2.		
3.		
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6.		
7.		
8.		
<b>IF USING ADDITIONAL SHEETS, PLEASE INCLUDE YOUR NAME AND PHONE NUMBER</b>		<b>TOTAL: \$</b>

**SATURDAY, OCTOBER 3<sup>rd</sup> 2009**, at Franklin Delano Roosevelt State Park for  
**The Children's Cancer Fund Twelfth Annual Walk**

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

**Please use our Online Registration and Fundraising System. Online Registration Fee: \$30. Once you register online, you can send emails requesting donations from your personalized fundraising page. Follow the link from the CCF Webpage to register or donate:**

**COMPLETE THE CONTRIBUTION FORM** and bring it to THE WALK on October 3<sup>rd</sup>. **If you have not registered online, the registration fee on the day of The Walk will be \$40.**

Raise more than \$50 and receive a **FREE T-shirt!** Raise more than \$350 and receive a T-shirt and a **CCF Recycle Shopping Bag.** Individuals who raise \$500+ (even if you are a team member) earn raffle tickets for prize drawings the day of the event.

- I have registered online.
- 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: \_\_\_\_\_

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



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

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