

CONTRIBUTION FORM

Name: _____ Phone: _____ Adult Child (Under 18)

Team Name: _____ Team Captain _____ Affiliate Name: _____

Walkers: Include the name of your Team, Team Captain and Affiliate (if applicable), to ensure that the money you raise is properly credited.

Contributor's Name	Phone	Address	City	State	Zip	Email	Amount
1.							\$
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

TOTAL TURNED IN TODAY \$ _____

Make all checks payable to HOPES. All walkers are encouraged to collect their donations in advance and turn them in to their team captain prior to the Walk, or bring them on Walk day.

Walkers are encouraged to convert all cash to a check or money order.
Cancelled checks serve as tax-deductible receipts.

H.O.P.E.S.
1902 Tarragon Drive
Madison, WI 53716

We encourage all walkers to convert any cash contributions to a personal check or money order, and to hand in your collected contributions to your team captain **PRIOR TO WALK DAY**. Any remaining contributions can be brought to registration on May 3rd.