

Donation Slip



Please attach a deposit slip to EACH gift of cash or check.

PARTICIPANT INFORMATION:

PARTICIPANT NAME: _____

TEAM NAME (if applicable): _____

All gifts are tax
deductible to
the extent
provided by law.

DONOR INFORMATION:

DONOR NAME: _____ GIFT AMOUNT: \$ _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MAIL TO:

Children's Specialized Hospital Foundation, Attn: Walk n' Roll
150 New Providence Road, Mountainside, NJ 07092

childrens.specialized.org/walk