

# 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