

DONATION COLLECTION FORM

Make all checks payable to JDRF. Your tax-deductible gift will help JDRF create a world without T1D.

WALKER'S NAME _____

WALK LOCATION _____

TEAM NAME _____

Please write your name and team name in the memo portion of each check to ensure proper credit. Please complete the form for each off-line donation made. Include donor name, complete mailing address, donation amount and indicate if you have entered it in your Participant Center. If this form does not accompany donations or if accurate information is not provided we cannot guarantee that donations entered into the online Participant Center will be confirmed.

DONOR'S NAMES	ADDRESS	DONATION AMOUNT	CASH/CHECK#	ENTERED INTO PARTICIPANT CENTER
Example: Mary Walker	1111 Main St., Anytown, ST 12345	25.00	Check #1234	Yes

Our goal is for each walker to raise a minimum of \$100.

TOTAL