



DONATION FORM

Thank you for making a donation to AHRC Walk

PRINT YOUR NAME CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

First Name _____ Last Name _____

Address _____

City, State, Zip _____

Email _____ Phone: _____

SELECT A DONATION AMOUNT

\$1,000 \$500 \$250 \$120 \$60 Other: \$ _____

Please enter your message as you would like it to appear on the participant's fundraising page.

- I do not want my name on the AHRC Walk website
- I do not want my donation amount on participant's page

PAYMENT METHOD

- Enclosed is my check, payable to **AHRC Foundation/Walk** (include participant name on all checks)

Please charge my donation to: Master Card Visa American Express

Credit Card Number: _____

Expiration Date: ____/____/____ Cardholder Name: _____

Signature: _____

I WOULD LIKE TO SUPPORT (name of participant you are supporting)

Participant's Name _____ Team Name _____

Please mail this form with your donation to:

AHRC WALK
c/o Nassau County AHRC Foundation
189 Wheatley Road, #3
Brookville, NY 11545

Or make your donation online at

www.AHRCWalk.org

Thank you for supporting AHRC Foundation. Your donation is 100% tax deductible.

Ask your company if they have a Matching Gift Program.