KIDS WALK for Kids with Cancer

Walker's Name: _____

Walker's Address: _____

_____

Phone Number: _____

Email: _____

School or group: _____

_____

Please make all checks payable to-- Memorial Sloan-Kettering Cancer Center. In the notes section of your check please include "Kids Walk" and the name of the participant that you are supporting.

Donations are tax deductible to the fullest extent allowed by law. Please write legibly.

Sponsor's Name	Amount Contributed	Sponsor's Address	Note if Check or Cash and if Matching Grant

Cash $ _____ + Checks $ _____ = **TOTAL $** _____