DONOR FORM

central park

KIDS WALK FOR KIDS WITH CANCER

may 8, 2010

Walker's Name: _____

Walker's Address: _____

_____

Phone Number:

E-mail: _____

School or group: _____

_____

Please make all checks payable to:
"Memorial Sloan-Kettering Cancer Center"
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 $_____