



Walker's Name _____

Team Name _____

Please write your name and team name in the memo portion of each check to ensure proper credit.

Walker Donation Information

Make all checks payable to the Michael Hoefflin Foundation.

Please complete 1 entry per donation. Include donor name, complete mailing address, donation amount, indicate cash/check and check number. If this form does not accompany donations or if accurate information is not provided we cannot guarantee that donations will be posted to your online fundraising page.

Donor's Name	Address	Donation Amount	Cash/Check#	Collected	Comments
Example: <i>Mary Walker</i>	<i>1111 Main St., Anytown, NJ 12345</i>	<i>25.00</i>	<i>Check #1234</i>	✓	
YOUR OWN PLEDGE					
(Please include necessary forms or information)					

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

This individual is participating in and raising funds for **the Michael Hoefflin Foundation Walk for Kids with Cancer**. If you have any questions or would like more information, please contact MHF at 661-250-4100 or visit us at mhf.org