

Donation Form Supporting Walkers & Teams



November 20, 2010

Please remit your donation by **Monday, November 8, 2010** to help your walker qualify for a prize drawing!
All information is kept confidential and will not be sold or marketed in any way.

PLEASE PRINT. NO STAPLES ON CHECKS PLEASE.

Walker's Name: _____ Number: _____ TEAM: _____

Donor's Name _____
(First & Last Names)

Company Name (*use only for business donations*) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (Home/Cell) _____ Email (Please PRINT) _____
(Mandatory for credit card & receipt purposes)

Donate online at www.intheirshoesathens.org Click the pink DONATE button!

Yes, I will contribute to support the *In Their Shoes* walk for the Loran Smith Center for Cancer Support for this amount:

\$1000 \$500 \$250 \$100 \$50 \$25 **Other Amt.** (please list) _____

Matching Company Donation: Amount (please list) _____ Matching Gift Request submitted? _____

Method of Payment: Check (payable to *Athens Regional Foundation*) **Visa** **MasterCard**

Credit Card # _____ Expiration Date _____

Signature _____ Security Code on reverse _____

***In Their Shoes* • Athens Regional Foundation • 1199 Prince Ave • Athens GA 30606
www.InTheirShoesAthens.org • Office 706.475.3301 • Fax 706.475.6774**

Thank you for supporting the 2010 *In Their Shoes* walk.

***In Their Shoes* is a group of volunteers raising funds for programs and services at the
Loran Smith Center for Cancer Support.**

Follow us on Face Book! <http://www.facebook.com/pages/ARMC-In-Their-Shoes-Walk/179700156320?v=wall>



Broad Cancer Walk to benefit the Loran Smith Center for Cancer Support
www.intheirshoesathens.org