

# WALK FOR HOPE

SUNDAY, APRIL 23, 2017

## OFFLINE DONATION FORM: FOR CHECKS AND MONEY ORDERS

Please make checks payable to the CHOP Foundation and mail along with this form to:  
CHOP Foundation • Walk for Hope • P.O. Box 40930 • Philadelphia, PA 19107

Participant Name \_\_\_\_\_

Team Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

WHO DONATED TO YOU? (FIRST AND LAST NAME)	WHAT IS THEIR MAILING ADDRESS? (TO SEND A TAX RECEIPT)	DONATION AMOUNT	AMOUNT ADDED ONLINE? *
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

### \* TRACKING FUNDS ONLINE AT CHOPWALKFORHOPE.ORG

If you'd like to include these donations on your online fundraising page, please log on to [chopwalkforhope.org](http://chopwalkforhope.org) to access your dashboard and manually add the offline donation.

To remove your name from our fundraising mailing list, please visit [giving.chop.edu/optout](http://giving.chop.edu/optout) or call 267-426-5332.

©2016 Children's Hospital of Philadelphia, All Rights Reserved. 17DEV0979/NP/12-16



# WALK FOR HOPE

SUNDAY, APRIL 23, 2017

## OFFLINE DONATION FORM: FOR CHECKS AND MONEY ORDERS

Please make checks payable to the CHOP Foundation and mail along with this form to:  
CHOP Foundation • Walk for Hope • P.O. Box 40930 • Philadelphia, PA 19107

Participant Name \_\_\_\_\_

Team Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

WHO DONATED TO YOU? (FIRST AND LAST NAME)	WHAT IS THEIR MAILING ADDRESS? (TO SEND A TAX RECEIPT)	DONATION AMOUNT	AMOUNT ADDED ONLINE? *
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

### \* TRACKING FUNDS ONLINE AT CHOPWALKFORHOPE.ORG

If you'd like to include these donations on your online fundraising page, please log on to [chopwalkforhope.org](http://chopwalkforhope.org) to access your dashboard and manually add the offline donation.

To remove your name from our fundraising mailing list, please visit [giving.chop.edu/optout](http://giving.chop.edu/optout) or call 267-426-5332.

©2016 Children's Hospital of Philadelphia, All Rights Reserved. 17DEV0979/NP/12-16

