



CHILDREN'S HOSPITAL OF PHILADELPHIA

BUDDY WALK & FAMILY FUN DAY

OCTOBER 1, 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 • CHOP Buddy Walk • 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

*** To add funds online, visit CHOPBuddyWalk.org.**

If you'd like to include these donations on your online fundraising page, please log on to CHOPBuddyWalk.org to access your dashboard and manually add the offline donations.

To remove your name from our fundraising mailing list, please visit chop.edu/optout or call 267-426-5332.

