



CHILDREN'S HOSPITAL OF PHILADELPHIA  
**BUDDY WALK®**  
**& FAMILY FUN DAY**

**OCTOBER 7, 2018**

**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 781352 • Philadelphia, PA 19178-1352

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](http://CHOPBuddyWalk.org).**

If you'd like to include these donations on your online fundraising page, please log on to [CHOPBuddyWalk.org](http://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](http://chop.edu/optout) or call 267-426-5332.

