



100% OF ALL DONATIONS GOES DIRECTLY TO FIRM FOUNDATION

Walker Donation Form

(Please print)

Name of walker: _____

Name of organization I am supporting: Firm Foundation of PA, Inc., P.O. Box 5524, Harrisburg, PA 17110

ALL CHECKS SHOULD BE MADE PAYBLE TO "FIRM FOUNDATION"

	Donation Amount
1. Sponsor Name (Optional)	
Sponsor Address (Optional)	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<u>My own donation</u>	
My fund raising goal is \$_____.	
TOTAL	

NOTE: Please return this form on walk day to your selected organization.

Presented by:

