

Walk of HEROes

Helping to Enable Recovery & Opportunity



Benefiting Mental Health, Developmental Disabilities and Addiction Services

OFFICIAL WALK DONATION FORM

Walkers: Please use this form to collect donations from people who want to donate to the Walk. Record the donor's name, address and donation amount on the form below. **Please Note: This form is to be used for donations only. To walk and receive a t-shirt, the 2007 Official Walk Registration Form (to the right) should be completed by all participants.** Please collect donations from sponsors and send in this Donation form along with your registration by July 9 to DeKalb CSB Foundation, Inc., P.O. Box 1648, Decatur, GA 30031 or drop off at 445 Winn Way, 4th Floor, Room 450, Decatur, GA 30030. If you are a member of a team, you may also give your donations along with this form to your Team Captain.

WALKER NAME _____

TEAM NAME _____

Make checks payable to: **The DeKalb Community Service Board**

***Full address must be included to receive Tax-deductible receipt**

Donor Name	Address	City/State/Zip	Donation Amount
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