

# Sponsor Form

Pediatric Cancer Foundation - Walk This Way

Name of Walker \_\_\_\_\_ Name of Team \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

\_\_\_\_\_ \$

Sponsor Name \_\_\_\_\_ Address \_\_\_\_\_ Donation Paid

Please bring sponsor forms and collected sponsor money to the Walkathon. Additional forms are available online or call 914-777-3127. Make a copy of all forms for yourself in order to collect any outstanding sponsor donations.

Please mail outstanding sponsor donations to: Pediatric Cancer Foundation, P.O. Box 785, Mamaroneck, NY 10543