



GILDA'S FAMILY 5K WALK & RUN

DONOR/BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

DONOR CONTACT NAME: _____ CONTACT PHONE: _____

PARTICIPANT TO BE CREDITED: _____

TEAM TO BE CREDITED: _____

Donation Amount: \$ _____

Pay by the following method (Circle One): CHECK CASH Credit Card

If using a credit card, please complete the following:

Please Circle Type: VISA MASTERCARD AMEX DISCOVER

Card # : _____ Exp Date: _____ CVV Code: _____

DONOR SIGNATURE: _____

My check/cash accompanies this form (Circle One): YES NO

If not included please mail to: Gilda's Club Metro Detroit
Attn: Gilda's Family Walk & Run
3517 Rochester Rd.
Royal Oak, MI 48073

THANK YOU FOR SUPPORTING GILDA'S CLUB METRO DETROIT