DONATION SHEET/REGISTRATION FORM

KEEPING YOU, ME AND MEMORIES ALIVE

A WALK TO FIGHT CANCER
PO Box 322
Plymouth, NH 03264
603-707-1466
www.memoriesalive.org *info@memoriesalive.org*

Walker's Name: _____
Team's Name: (if applicable) _____
Street address: _____
City, State, Zip: _____
Tel # (day): _____ (eves): _____
E-Mail address: _____
Advisor's Name (if under 18): _____

Contributions are tax deductible. NOTE: Please pre-pay.
Checks should be payable to Keeping You, Me and Memories Alive

DONOR'S NAME	ADDRESS	DONATION AMOUNT	PAID √

Total amount collected: $ _____

Participants are asked to collect all donations prior to the walk

Raise $50 and receive a Walk to Fight Cancer T-shirt