



Donation Form

Participant Information

Participant Name: _____

Participant Team: _____

Donation Amount

\$50 \$100 \$250 \$500

Enter an amount: \$ _____

Payment Information

Payment Method

Visa MC Discover Amex

Check (made out to Children's Memorial Foundation) Cash

Credit Card #: _____

Expiration: _____ CVV: _____

Name on card: _____

Signature: _____ Date: _____

Sponsor Information

First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Please return completed form to:
Race for the Kids 5k Run/Walk
Children's Memorial Foundation
Department 4586
Carol Stream, IL 60122-4586