

Children's Memorial  
**MARATHON TEAM**



**Children's Memorial Marathon Team Donation Form**

**CMMT Runner Information**

Runner Name \_\_\_\_\_

Donation Amount  \$50  \$100  \$250  \$500

Enter an Amount \_\_\_\_\_

**Sponsor Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Day Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Payment Information

Payment Method  Credit Card  Check  Cash

Credit Card Type  Visa  Master Card  Diner's Club  American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed and signed donation form with payment (make checks payable to *Children's Memorial Foundation*) to:

**Children's Memorial Marathon Team**

**Children's Memorial Foundation**

**75 Remittance Drive, Suite 91287**

**Chicago, Illinois**

**60675-1287**