



**Race for the Kids Children's Memorial Hospital
5k Run/Walk Donation Form**

Runner/Walker Information

Participant Name _____

Donation Amount _____

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

Enter an Amount: _____

Sponsor Information

First Name _____ M.I. _____

Last Name _____

Billing Address _____

City, State, Zip _____

Day Phone _____

Email Address _____

Payment Information

Payment Method

Credit Card Check Cash

Credit Card Type

Master Card Visa American Express Discover

Name on Credit Card _____

Credit Card Number _____

Expiration _____ CVV Code _____

Signature _____

Date _____

Please return completed form to:
Children's Memorial Foundation
Department 4586
Carol Stream, IL 60122-4586