

13th Annual Kohl's Step Up for Kids Donation Form

Stepper Information :

Participant name: _____

Team Name (if applicable): _____

Donation amount: \$ _____

Sponsor Information:

First Name: _____ M.I. _____

Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Payment Total: _____

Payment Method: Credit Card Check Cash

Please make checks payable to **Children's Memorial Hospital**.

Name on credit card: _____

Credit card number: _____ Expiration Date: _____

Signature: _____ Date: _____

Please return completed and signed registration form with payment to:

Kohl's Step Up for Kids
Children's Memorial Foundation
Department 4597
Carol Stream, IL 60122-4597
Attn: Courtney Rohrbach



Campaign: KIDSSKID10
Appeal: EVNTSTEPI0
Fund: RFAMSKIDS
Package: STEPDON
Event ID: STEPUP10