

Move for the Kids 5K Walk/Run presented by C.H. Robinson Donation Form



DONOR INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Gender: M F Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

GIFT INFORMATION

Gift Credit: Participant Team Event

Participant Name: _____

Team Name: _____

Gift Amount: \$200 \$100 \$50 \$25 Other: \$_____

PAYMENT INFORMATION

Payment Method: Credit Card Cash Check *(Checks should be made payable to Lurie Children's Foundation)*

Card Type: Discover Visa American Express MasterCard

Name on Credit Card: _____

Card Number: _____ Exp: _____

Signature: _____ Date: _____

Please sign and return this form with payment to:
Move for the Kids 5K Walk/Run
ATTN: Lurie Children's Foundation
225 East Chicago Avenue, Box 4
Chicago, IL 60611

TeamRaiser ID: 1780
Campaign: SPEVENTS18
Fund: U
Appeal: EVNTMFTK18
Package: MFTKDON