

Run for Gus 2017 Donation Form

Thursday, July 27, 2017



RUNNER/WALKER INFORMATION

Runner/Walker Name: _____

Team Name: _____

Donation Amount: \$50 \$100 \$250 \$500 Other Amount: \$ _____

DONOR INFORMATION

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

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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: _____

Thank you for your support of Run for Gus and Lurie Children's!