

WALK-A-THON DONOR FORM



PARTICIPANT INFORMATION

I am supporting (name of walker)

Name of Walker

I would like to make a donation in the amount of:
(please circle):

\$10 \$100
\$25 \$150
\$50 Other \$ _____

Check Enclosed *Make check payable to Body Sculpt of New York, INC*

Cash Enclosed

DONOR INFORMATION

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

To donate by credit card please donate online at:
www.bodysculpt.org

Please tear here

DONOR RECEIPT



Donor's Name: _____

Thank you for your support!

**Please bring this receipt with you to the
Walk-A-Thon as verification of your donation.**

For more information visit:
www.BodySculpt.org

**Childhood Obesity Walk-A-Thon
Saturday March 28th
10:00AM**

**Prospect Park / Bartel Pritchard Square
15th Street Prospect Park West
Brooklyn, NY**



to 15th Street Station