



WALK FOR A HEALTHY COMMUNITY

Highmark is an Independent Licensee of the Blue Cross and Blue Shield Association

WALKER DONATION FORM (Please print)

Name of walker: _____

Name of organization I am supporting: _____

| | | Donation Amount |
|----------------------------------|----------------------------|-----------------|
| 1. | Sponsor Name (Optional) | |
| 2. | Sponsor Address (Optional) | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| My own donation | | |
| My fund raising goal is \$ _____ | | |
| TOTAL | | |

NOTE: Please return this form on walk day to your selected organization.