

Light the Night Walk Offline Donation Form

Walker Name: _____

Team Name : _____

Walksite: (Circle One): **Appleton** **Madison** **Milwaukee**

Splitting Donations Among Team(Circle One): **YES** **NO**

Donor Name: _____ Amount:\$ _____
Donor Address: _____
_____ Zip Code: _____
Donor Phone #: _____ Your Check #: _____

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Donor Phone #: _____ Your Check #: _____

****Please add walker or team name to the memo line of each check****

Donations can be sent to:

200 S. Executive Drive, Suite 203, Brookfield, WI 53005