



WALK, RUN, ROLL *and* HOP
for COMMUNITY CARE CONNECTIONS, INC.

DONATION FORM

Please bring donation form and money to the Registration Table
on the day of the Relay Race.

Sponsor's Name Donation Amount

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____

(This form may be duplicated for your team members use.)

A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by telephone

toll free at 1-800-732-0900. (Registration does not imply endorsement.)