

Sponsor Form

Pediatric Cancer Foundation Annual Walkathon

Name of Walker _____ Name of Team _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

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Sponsor Name _____ Address _____ Donation Paid

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Sponsor Name _____ Address _____ Donation Paid

Please bring sponsor forms and collected sponsor money to the Walkathon. Additional forms are available online at www.pcfwalk.org or call 914-777-3127. Make a copy of all forms for yourself in order to collect any outstanding sponsor donations.

Please mail outstanding sponsor donations to: Pediatric Cancer Foundation Annual Walkathon, P.O. Box 785, Mamaroneck, NY 10543