



**Saturday, September 22, 2018**

Savin Rock Conference Center  
 Registration: 9:30 Kick-off: 10:30  
 Music Festival: 12:00pm - 7:00pm

## Donation Form

Please use this form to keep track of the donations you collect from family, friends and coworkers, etc. Have donors pre-pay with cash or check payable to West Haven Community House with your name and 'Walk' in the memo portion of the check. Submit your completed form along with payments to West Haven Community House, 227 Elm St, West Haven, CT 06516. Team fundraising totals are updated weekly and are displayed on the event webpage to spark friendly competition.

**Please do not list credit card donations on this form.** All credit card donations must be made directly online at [www.whcommunityhouse.org](http://www.whcommunityhouse.org). The full amount of each donation is tax-deductible. A letter of acknowledgement and receipt for tax purposes will be mailed, or emailed if paid online. Please print legibly.

Walker's Name: \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_

My Fundraising Goal Is: \$ \_\_\_\_\_

| Donor's Name | Amt | Check | Cash | Mailing or E-mail Address |
|--------------|-----|-------|------|---------------------------|
| 1            |     |       |      |                           |
| 2            |     |       |      |                           |
| 3            |     |       |      |                           |
| 4            |     |       |      |                           |
| 5            |     |       |      |                           |
| 6            |     |       |      |                           |
| 7            |     |       |      |                           |
| 8            |     |       |      |                           |
| 9            |     |       |      |                           |
| 10           |     |       |      |                           |
| 11           |     |       |      |                           |
| 12           |     |       |      |                           |
| 13           |     |       |      |                           |
| 14           |     |       |      |                           |
| 15           |     |       |      |                           |
| 16           |     |       |      |                           |
| 17           |     |       |      |                           |

|                       |           |
|-----------------------|-----------|
| <b>Donation Total</b> | <b>\$</b> |
|-----------------------|-----------|

|                                |                     |  |                      |  |
|--------------------------------|---------------------|--|----------------------|--|
| <b>For Personnel Use Only:</b> |                     |  |                      |  |
| Date Rec'd: _____              | Amount Rec'd: _____ | Payment Type: <input type="checkbox"/> check # _____ | Date Recorded: _____ |  |