



Offline Donation Form

Walk Site _____

Participant/Team to be credited: _____

Donor Name	Donor Email	Check Number	Amount (\$)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL:			\$

Payment Information

Payment is accepted by cash, money order or check made payable to Walk for 1 in 100 or the Adult Congenital Heart Association (ACHA)