



Offline Donation Form

Please mail this completed form with your donations or email to walkfor1in100@achaheart.org

Walk Site: _____

Participant or 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 the **Adult Congenital Heart Association**. Please write **Walk for 1 in 100** in the memo.

5950 Symphony Woods, Suite 212, Columbia, MD 21044 | www.walk1in100.org