



DSAHV Buddy Walk® Donation Form

Enclosed is a check/money order made payable to DSAHV Organization

in support of the participant listed below:

Participant's Name or Team Name:

(Please note the participant's name in the memo line of your check.)

Your Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email address _____

Telephone number _____

- Yes, I would like a receipt mailed or emailed to me for tax purposes. (Circle One)
- Yes, I would like my donation added to donordrive.com under Team: _____
- Yes, please include the following message on the participant's fundraising page:

Thank you for your contribution!

Mail this form and your check to:

DSAHV

PO Box 161

Hopewell Junction NY, 12533

Attn: DSAHV Buddy Walk®



