

FUNDRAISING FORM - For questions call 518-482-4433 or email Gina.Peca@sphp.com

List all your supporters/sponsors and their contributions on the form below and mail by **no later than one (1) week prior to the Walk A Mile** or bring it with you to the Walk. Copy this form for additional contributions. Have supporters/sponsors make checks payable to **The Northeast Health Foundation**. If you've already registered online, you may also use this form for additional contributions.

Matching gifts could double your money! All matching gifts must have company forms submitted to The Northeast Health Foundation by day of Walk to be considered for top fund raising award.

Name of Walker _____ Address _____ City, State, Zip _____

E-mail _____ Phone (day) _____ Phone (other) _____

I am walking as part of a team. Team Name _____ or Individual Name _____ (if different from walker)

Name of Supporter/Sponsor	Address (required)	Walk In Honor of (optional)	T-shirt Size (if attending day of) (t-shirt sizes needed before April 10th)	Shoe Size (if attending day of)	\$Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Mail to: SACVAP c/o The Northeast Health Foundation, 310 South Manning Boulevard, Albany, NY 12208 TOTAL: \$ _____

April 27, 2019

River Front Park, Troy * Registration starts at 10am * Walk kicks off 11:30am

