



WALK FOR A HEALTHY COMMUNITY

Highmark is an Independent Licensee of the Blue Cross and Blue Shield Association

WALKER DONATION FORM (Please print)

Name of walker: _____

Name of organization I am supporting: _____

		Donation Amount
1.	Sponsor Name (Optional)	
2.	Sponsor Address (Optional)	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
My own donation		
My fund raising goal is \$ _____		
TOTAL		

NOTE: Please return this form on walk day to your selected organization.