



Official Donation Form

Event Date: Sunday, October 26, 2014
Rose Marie Starns South Shores Park, San Diego, CA

Thank you for making a donation to the
2014 Rady Children's Hospital ShamU & You Family Walk!
Please visit www.shamuandyouwalk.org for more information.

ID Number
(For internal use)

I would like to support:

Participant Name: _____

Team Name (if applicable): _____

My donation amount:

\$10 \$20 \$50 \$100 Other \$ _____

My information:

First name _____ Last name _____

Email address _____

Company name (for corporate donations only) _____

City _____ State _____ Zip code _____ Day phone (with area code) _____

Payment method:

Enclosed is a check made payable to Rady Children's Hospital Foundation

Charge my credit card (indicate card type) VISA MasterCard American Express

Credit card number _____ Expiration date (MM/YY) _____ CSV number _____

Cardholder's signature _____ Date _____

Return this completed form with your donation to:
Rady Children's Hospital Foundation
3020 Children's Way, MC 5005, San Diego, CA 92123
Questions? Please call In Motion at 760.692.2900 or email info@inmotionevents.com
Rady Children's Hospital Tax ID Number: 33-0170626