

Cardholder's signature

2015 Rady Children's Hospital Family Walk at SeaWorld Official Donation Form

Event Date: Sunday, October 4, 2015 Rose Marie Starns South Shores Park, San Diego, CA

Thank you for making a donation to the **2015 Rady Children's Hospital Family Walk at SeaWorld!** Please visit RadyChildrensWalk.org for more information.

ID Number
(For internal use)

Date

I would like to st	ирроп.		
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:						
\square Enclosed is a check made payable to Rady Ch	ildren's Hos	pital Foundation				
\square Charge my credit card (indicate card type) \square] visa	MasterCard Ameri	can Express			
Credit card number	Expir	ation date (MM/YY)	CSV number			