



LI2DAY

To Fight Breast Cancer & Other Cancers

DONATION FORM

PARTICIPANT INFORMATION

Walker's Name: _____

YOUR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email address: _____

DONATION DETAILS

Donation Amount: \$500 \$250 \$100 \$75 Other \$ _____

(All donations are tax deductible where allowed by law.)

You can make Secure Online Tax Deductible Donations
by Credit Card at www.li2daywalk.org

What's Raised Here Stays Here!

For a complete list of our beneficiary organizations please visit: www.li2daywalk.org

SUBMISSION INSTRUCTIONS

Please make all checks payable to: LI2DAYBCW (No Cash, Please!)

Mail donation, along with this completed form, to:

LI2DAYWALK
P.O. BOX 11514
Newark, NJ 07101-4514