

Kawasaki Disease Foundation - WALKER'S SPONSOR FORM **TOTAL COLLECTED \$**

Please print in ALL CAPS, and avoid contact with the edge of the boxes.

THE SUGGESTED MINIMUM GOAL FOR EACH WALKER IS \$150.00

FIRST NAME:

LAST NAME:

HOME ADDRESS:

CITY: STATE: ZIP CODE:

WORK PHONE: () WORK FAX: () HOME PHONE:

E-MAIL ADDRESS:

COMPANY NAME (EMPLOYER):

TEAM CAPTAIN (LAST NAME): FIRST NAME:

Who had Kawasaki Disease and when? _____

Would you like to receive additional information? Yes No Would you like to be a parent volunteer? Yes No

SPONSOR'S NAME	HOME ADDRESS, CITY, STATE, ZIP	\$100	\$50	\$20	Other
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

TOTAL				
TOTAL COLLECTED	\$			
GRAND TOTAL	\$			

MAKE CHECKS PAYABLE TO: KD FOUNDATION

YOUR DONATION IS 100% tax deductible
 PLEASE COLLECT ALL CONTRIBUTIONS IN ADVANCE AND
 TURN IN TO YOUR TEAM CAPTAIN OR AT THE HEART WALK.