DONATION SHEET

Name:_____
Address:_____
City:_____ST:_____Zip:_____
Phone No.: (_____)_____
In Memory/Honor of: _____

NAME	ADDRESS	DONATION PER MILE	TOTAL DONATION
	TOTAL DONATIONS:		**$**

✂----------✂

16th Annual Day Kimball Hospital
DEARY MEMORIAL RACE/WALK

HERE'S HOW YOU CAN HELP

1. Enter the Deary 5-Mile Race/Fun Walk on August 13, 2005.
2. Solicit donations from friends and relatives for each mile you walk or run.
3. Collect the donation money before the race.
4. **Bring the donations to the race/walk or mail them to:**

Day Kimball Hospital
Philanthropy Office & Corporate Communications
P.O. Box 632
Putnam, CT 06260-0632

REMEMBER: If your donations exceed $25 – your entry fee is waived.

Major Sponsors

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