

FUNDRAISING FORM

MAY 4, 2024

WWRC STAR Trail, Fishersville

8:45am Registration | 9:45am Stride for Life Walk

PARTICIPANT INFORMATION *(Please print.)*

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____
 Church/Group: _____

STRIDE WALKER *(Attending May 4th)* VIRTUAL STRIDER *(Walking on my own time)*

I release ComfortCare Women's Health from any liability for this event. I give CCWH permission to use my image for future promotional materials. _____
your signature

MY GOAL IS:

- \$250 (T-shirt)
 \$600 (lunch tote + T-shirt)
 \$1,000 (jacket + lunch tote + T-shirt)
 \$ _____

Skip the paper form. Collect all pledges & donations online! Register at SupportCC.org.

Questions? Call 540-569-9073 OR 540-569-9066
 Follow us on Facebook: Facebook.com/SupportCCWH

FOR OFFICE USE ONLY:

Env. Total _____
 Bill Me Total _____ Total Raised _____
 Online Total _____ Initial _____

I believe in the mission of ComfortCare, so I'm sponsoring myself:		Donation information	
NAME: _____		<input type="checkbox"/> CASH	
BILLING ADDRESS, IF DIFFERENT FROM ABOVE		<input type="checkbox"/> CHECK (# _____)	
ADDRESS: _____		<input type="checkbox"/> BILL ME	
CITY: _____	STATE: _____	ZIP: _____	\$25 \$50 \$75 \$100 OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____

NAME: _____		Donation information	
ADDRESS: _____		<input type="checkbox"/> CASH	
CITY: _____	STATE: _____	ZIP: _____	<input type="checkbox"/> CHECK (# _____)
EMAIL: _____		<input type="checkbox"/> BILL ME	
PHONE: _____			\$25 \$50 \$75 \$100 OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____

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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$ _____

For an online fundraising page, visit SupportCC.org. Make checks payable to ComfortCare Women's Health.
 ComfortCare is a 501(c)(3) nonprofit organization. All donations are tax-deductible.

For questions or more information, go to SupportCC.org or call: 540-569-9066 or email: stride@ccwomenshealth.org.