https://www.walkforahealthycommunity.org/whc3/orgs/walklogo_highres.jpg

**Highmark Walk / Sickle Cell Council - DONATION FORM** (please print)

**Name of WALKER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of NONPROFIT: South Central PA Sickle Cell Council**

**2000 Linglestown Road, Suite 103, Harrisburg, PA 17110**

**Office: (717) 234-3358 Hours: 8 AM to 5 PM**

**DONOR’S NAME EMAIL ADDRESS $ DONATION $**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**My Own Donation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Fundraising Goal $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_**