Donation Submission Form

Please use this form when sending in donations to the Food Allergy & Anaphylaxis Network (FAAN) for the Walk for Food Allergy.

Your name: _____

Contact #:_____

Team name:_____

Donations apply to this walker (Walker Name if different than yours):
_____

Walk Location: _____

# of checks enclosed: _____ Total of enclosed: $_____
Checks enclosed: $_____
Cash enclosed: $_____

<u>You may list the checks individually (optional) here:</u>

Donor	Amount

**Make sure all checks are made payable to FAAN.*
***Best business practices recommend that you keep copies of the checks submitted for your records.*

We recommend that you ship this form and the donations through a traceable service (UPS, FedEx, Priority Mail, etc)

Internal Use Only

_____ # of checks received $_____ Total of checks received

$_____Total cash received

_____ _____
Staff Signature Date