

2024 FUNDRAISING WALKER CASH DONATION LOG

DONATION COLLECTION INSTRUCTIONS:

For supporters who donate with CASH:

If they would like a tax receipt at the end of the year:

- Record their complete information on the cash log.

If they do NOT need a tax receipt:

- Do NOT record any contact information on the cash log.

For supporters who would like to make a PLEDGE:

- Minimum pledge must be \$1,000 or more.
- Contact Director of Finance, Amanda Henion, at 727-216-1402 x514 to set-up the pledge.

For supporters who donate with a CHECK:

- Make the check payable to "Walk For Life".
- Your name (Fundraising Walker) must be in the memo line on the check to receive credit for that donation.
- Do NOT record any contact information on the cash log.
- Checks can be mailed directly to New Life Solutions at 1910 E. Bay Drive, Largo, FL 33771 or turned in at the event.

Questions? Contact Donor Engagement Manager, Moriah Grubbs, at 727-216-1402 x501.



Walk For Life

iwalkforlife.com



Scan the QR code to sign into your page.

Cash Total:

\$ _____

Fundraising Walker Information *(Please Print Clearly)*

Your Full Name _____ Street Address _____
 Church/Org _____ City _____ State _____ ZIP _____
 Phone (____) _____ Email _____ Team _____

Supporter Information *(Please Print Clearly)*

Donations are tax-deductible. Supporters must have complete and up-to-date contact information to receive a tax receipt.

Name _____ Phone _____	Name _____ Phone _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
E-mail _____ <small>(optional to opt-in to email communications)</small>	E-mail _____ <small>(optional to opt-in to email communications)</small>
Cash Paid: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____	Cash Paid: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____
Name _____ Phone _____	Name _____ Phone _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
E-mail _____ <small>(optional to opt-in to email communications)</small>	E-mail _____ <small>(optional to opt-in to email communications)</small>
Cash Paid: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____	Cash Paid: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____
Name _____ Phone _____	Name _____ Phone _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
E-mail _____ <small>(optional to opt-in to email communications)</small>	E-mail _____ <small>(optional to opt-in to email communications)</small>
Cash Paid: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____	Cash Paid: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other \$ _____

CHOOSE COURAGE

2024 FUNDRAISING WALKER CASH DONATION LOG (EXTRA)



Walk For Life

iwalkforlife.com

Fundraising Walker Information (Please Print Clearly And Match First Page)

Your Full Name _____ Phone (____) _____

Cash Total:

\$ _____

Supporter Information (Please Print Clearly)

Donations are tax-deductible. Supporters must have complete and up-to-date contact information to receive a tax receipt.

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(optional to opt-in to email communications)

Cash Paid: \$25 \$50 \$100 \$250 Other \$ _____