



## Donation Collection Form

Walker Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Walk Site: \_\_\_\_\_

Donor's Name	Email	Phone	\$ Amount
		<b>Amount Enclosed</b>	

Checks should be made to Immune Deficiency Foundation. Do not mail cash.

Send this form along with any checks to:  
 Immune Deficiency Foundation  
 110 West Rd., Ste 300  
 Towson, MD 21204