IDF WALK FOR PRIMARY IMMUNODEFICIENCY

Donation Collection Form

Walker Name:_____ **Team Name:**_____

Walk Site: _____

Donor's Name	Email	Phone	$ Amount
		Amount Enclosed	

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

Send this form along with any checks to:
Immune Deficiency Foundation
P.O. Box 735108
Chicago, IL 60673-5108