



DCH HEART & LUNG HEALTH
5K RUN 2017
WALK



DONATION FORM

Name of Contributor: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

MONETARY DONATIONS

\$25 _____ \$50 _____ \$75 _____ \$100 _____ Other \$ _____

PLEASE MAKE CHECKS PAYABLE TO DEARBORN COUNTY HOSPITAL

Type of Contribution: _____

Description: _____

DCH to pick up: _____ Donor will deliver: _____

Donor Signature: _____

Date: _____

DCH Health Run/Walk Representative Signature: _____

Please return signed form to:

DCH Heart & Lung Health Run/Walk
 c/o Cardiopulmonary Rehab
 600 Wilson Creek Road
 Lawrenceburg, IN 47025

THANK YOU FOR YOUR SUPPORT!

