



# Participant Fundraising Form

Please send all donations and this form to  
 Hydrocephalus Association • Data Entry Division  
 9249 South Broadway, #200-845  
 Highlands Ranch, CO. 80129

To ensure donations are properly recorded, please complete all of the following information:

Participant Name/Person To Credit For The Donation

Team Name (If Applicable)

Email

Phone

Address Line 1

City

State

Postal Code

WALK Name or City

## CHECKS (PAYABLE TO HYDROCEPHALUS ASSOCIATION)

### Donor's Information

Name	Amount	Name	Amount
Email		Email	
Name	Amount	Name	Amount
Email		Email	
Name	Amount	Name	Amount
Email		Email	

**Subtotal Checks Received**

# CASH

## Donor's Information

Name	Amount	Paid Y/N
Email		
Name	Amount	Paid Y/N
Email		
Name	Amount	Paid Y/N
Email		
Name	Amount	Paid Y/N
Email		
Name	Amount	Paid Y/N
Email		
Name	Amount	Paid Y/N
Email		

**Subtotal Cash Received**

**Total of ALL Donations**

The Hydrocephalus Association is a 501(c)(3) non-profit organization. Donations are tax deductible as allowable by law.

Tax ID: **94-3000301**

\* Note: the email address is very important for donation acknowledgements