

To reach our goal for our Community Walk, we are striving for unique ways to involve the community in this exciting and important event. We ask for your commitment to our Community Walk with in-kind support.

Please complete the form below and return to the local Volunteer Walk Coordinator.

V	olunteer Walk Coordinator Name:			=
	hone Number:			
C	ommunity Walk Date:			
L	ocation:			-
	Donor Name:			_
	Business Name (if applicable):			_
	Address:			_
	City:	_ State:	Zip:	_
	Phone: ()	E-mail:		_
	We would like to donate:		Amount/Type or Number of:	
	[] Water bottles			
	[] Fruit			
	[] Power Bars or Granola Bars			
	[] Other:			
	[] I will drop off the donation			
	[] Please arrange to pick up donation			

American Diabetes Association (EIN 13-1623888) is a 501(c)(3) not-for-profit organization. No goods or services are exchanged for this support.