



Offline Donation Form

Community Walk: _____

Your Name (Participant Name): _____

Donor Name: _____

Cash: _____

Check: _____ Check Number: _____
*please make check out to the American Diabetes Association

I have also applied for a Matching Gift with this donation.
* Please enclose all applicable forms.

Donor Name: _____

Cash: _____

Check: _____ Check Number: _____
*please make check out to the American Diabetes Association

I have also applied for a Matching Gift with this donation.
* Please enclose all applicable forms.

Donor Name: _____

Cash: _____

Check: _____ Check Number: _____
*please make check out to the American Diabetes Association

I have also applied for a Matching Gift with this donation.
* Please enclose all applicable forms.

Total Enclosed: _____

Please mail this form and the cash/checks to:

**ATTN: Service Center/Community Walk
American Diabetes Association
1701 N. Beauregard Street
Alexandria, VA 22311**

FOR INTERNAL USE ONLY

Submittal: _____

Shipment: _____