



Offline Donation Form

Community Walk: _____

Your Name: _____

Please complete this form, use one entry for each donor. Then send this form, along with the cash/checks to:

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

Donor Name: _____

Donation
Cash: \$ _____ OR Check: \$ _____ Check Number: _____

*please make sure check is made out to the American Diabetes Association

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

Donor Name: _____

Donation
Cash: \$ _____ OR Check: \$ _____ Check Number: _____

*please make sure check is made out to the American Diabetes Association

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

Donor Name: _____

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Cash: \$ _____ OR Check: \$ _____ Check Number: _____

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

FOR INTERNAL USE ONLY

Submittal: _____

Shipment: _____