

7TH ANNUAL  
SoCal  
HistioWalk

# SPONSOR FORM

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

PLEASE PRINT CLEARLY

THIS FORM MAY BE PHOTOCOPIED.

| SPONSOR NAME | ADDRESS, CITY, STATE, ZIP | AMOUNT PLEDGED | AMOUNT COLLECTED | CHECK # |
|--------------|---------------------------|----------------|------------------|---------|
| 1            |                           |                |                  |         |
| 2            |                           |                |                  |         |
| 3            |                           |                |                  |         |
| 4            |                           |                |                  |         |
| 5            |                           |                |                  |         |
| 6            |                           |                |                  |         |
| 7            |                           |                |                  |         |
| 8            |                           |                |                  |         |
| 9            |                           |                |                  |         |
| 10           |                           |                |                  |         |
| 11           |                           |                |                  |         |
| 12           |                           |                |                  |         |
| 13           |                           |                |                  |         |
| 14           |                           |                |                  |         |
| 15           |                           |                |                  |         |
| 16           |                           |                |                  |         |
| 17           |                           |                |                  |         |
| 18           |                           |                |                  |         |
| 19           |                           |                |                  |         |
| 20           |                           |                |                  |         |
| 21           |                           |                |                  |         |
| 22           |                           |                |                  |         |
| 23           |                           |                |                  |         |
| 24           |                           |                |                  |         |
| 25           |                           |                |                  |         |

TOTAL AMOUNT \$

**PLEASE NOTE:**

The Histiocytosis Association of America is a federally registered 501(c)(3) nonprofit organization (Tax ID# 22-2827069). All donations made to the Association are fully tax deductible. Please list the full address of each donor, including zip code to ensure that the donor receives acknowledgement in writing for tax purposes of his or her contribution.

