

DONATION AND REGISTRATION FORM

2ND ANNUAL WALK FOR SICKLE CELL
SATURDAY , SEPTEMBER 20, 2014

(Rain Date: October 4)

8:00 am- Registration and Parking

Alton Middle School parking lot

10:00 am- Walk Starts

12:00 pm- Lunch, music and games

Name _____ Company _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

I would like to support the walk by forming a Team of 10 people:

Team Name: _____

I would like to support the walk with a sponsorship:

_____ BRONZE LEVEL (\$250- \$499)
_____ SILVER LEVEL (\$500- \$999)
_____ GOLD LEVEL (\$1,000- \$2,499)
_____ RED LEVEL (\$2,500- and more)

All sponsors committed by September 1, 2014 will be listed on the event T-shirt. Custom placement of logos is available for sponsors at the Red Level. All sponsors will be acknowledged during the event.

I am unable to attend the walk but, I would like to make a donation of \$ _____

Registration:

Individual (13yrs & up) \$25.00 _____ Child (5-13 yrs) \$15.00 _____

T- Shirt Sizes:

Adult: Sm _____ Med _____ Lg _____ XL _____ XXL _____ XXXL _____

Youth: Sm _____ Med _____ Lg _____

Method of Payment:

Cash: _____ Check _____ Money Order: _____

Make Checks Payable to: Coalition of Concerned Citizens

**Mail Completed form with payment to: Tammy Smith - A Precious Organization
P.O. Box 1184
Alton, IL 62002**