

Walker's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Walk Location/Name: _____



williamssyndrome
ASSOCIATION

WALK DONATION FORM

	Donor's Name	Mailing Address	City, State, Zip	Email	Amount Collected
1					
2					
3					
4					
5					
6					
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8					
9					
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11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
				Total	

**All proceeds benefit the Williams Syndrome Association,
a 501(c)3 Non-Profit Organization**

All checks should be payable to WSA, Inc
Donations collected can be turned in at the walk or mailed to the
WSA at 570 Kirts Boulevard, Suite 223, Troy, MI 48084