



Walk Against Hunger CONTRIBUTION FORM TEAM #9

Walker's Name: _____ Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

I am walking with: **Food Bank of South Jersey**

I would like my contributions directed to: **Food Bank of South Jersey**

My donations will be matched by: _____ (Company name). Please attach corporate matching forms.

Send checks or money orders (not cash) to:

Greater Philadelphia Coalition Against Hunger, 1725 Fairmount Avenue, Unit 102, Philadelphia, PA 19130

Donations of at least \$25 received by April 3, 2010 will be entered in the Walk Raffle; there are lots of exciting prizes including Air Tran airline tickets and tickets to local shows, museums and restaurants.

Name of Contributor	Phone or Email Address	Amount
1.		
2.		
3.		
4.		
5.		
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9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL COLLECTED: \$		