



Team Donation Form

Team Name: _____
 Team Captain Name: _____
 Team Captain Email: _____

Name	Registered Online? Y/N	If not registered, please provide email	If not registered, please provide address	Total Enclosed	How much of total is pin up?
<i>Example: Ima Walker</i>	Y	iwalker@marchofdimes.org	1275 Mamaroneck Avenue White Plains, NY 10605	\$725.00	
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
8.				\$	
9.				\$	
10.				\$	
Total				\$	

For office use only
 Deposit # _____
 Date _____
 Total \$ _____
 Market _____
 Event Site Name _____
 ___ Walk Day ___ Bank Day

Other Money Collected (bake sales, Blue Jeans for Babies, car wash, etc.) \$
 Deposit Total (Cash/Checks + Other Money Collected) \$

Verified by: _____ and _____ (please print)