DONATION FORM

Please use this form to submit all donations collected offline. Please complete all requested information to ensure the donation is allocated to the correct NEDA Walk participant’s fundraising goal and to receive the appropriate donor acknowledgment for your contribution. Forms and donations can be mailed to the NEDA office, submitted at your NEDA walk or find your walker online by clicking here.

NEDA Walker’s name you are supporting: ____________________________

Walk City and State: ____________________________

PAYMENT TYPE:

□ Check # _________

□ Cash

□ Credit Card/Square Reader (Last 4 digits of card) _________

Credit Card (IF SQUARE READER IS UNAVAILABLE)

Credit Card Holder Name: ____________________________

Credit Card Number: ____________________________

EXP Date: _______  CVV: _______  Billing Zip code: _______

Authorized Signature: ____________________________

DONOR FIRST NAME

DONOR LAST NAME

DONOR MAILING ADDRESS

APT/SUITE #

CITY

STATE

ZIP CODE

PHONE # WITH AREA CODE

E-MAIL ADDRESS (please write legibly)

Donation Amount:

$___________

THANK YOU FOR YOUR CONTRIBUTION!

Please make checks payable to “NEDA” or “National Eating Disorders Association.”

Submit this form and your donation at the registration table on the day of your local NEDA Walk or mail this form and your donation to:

National Eating Disorders Association
3308 Preston Road
Suite 350-111
Plano, TX 75093