

DONATION FORM

Please use this form to submit all donations collected offline. Please completed all requested information to ensure the donation is allocated to the correct NEDA Walk participant's fundraising goal and to you 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: _____

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DONOR FIRST NAME

DONOR LAST NAME

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DONOR MAILING ADDRESS

APT/SUITE #

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CITY

STATE

ZIP CODE

PHONE # WITH AREA CODE

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E-MAIL ADDRESS (please write legibly)

Donation Amount:

\$ _____

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: _____

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