



DONATION FORM

Please use this NEDA Walk donation form for all offline contributions. Please fill out all requested information to ensure accurate appropriation of the donation to the correct local walk and walk participant, as well as accurate acknowledgement.

Walker's name you are contributing to: _____

Walk Location (City & State): _____

DONOR FIRST NAME	DONOR LAST NAME

DONOR MAILING ADDRESS	SUITE/APT #

CITY	STATE	ZIP CODE	PHONE NUMBER W/ AREA CODE

E-MAIL ADDRESS (please write legibly)

Donation Amount:

\$ _____

PAYMENT TYPE:

Check # _____

Cash

Square (Last 4 digits of card) _____

Credit Card (IF SQUARE UNAVAILABLE)

Credit Card Holder Name: _____

Credit Card Number: _____

EXP Date: _____ **Billing Zip code:** _____

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
 200 W 41st Street, Suite 1203
 New York, NY 10036