NATIONAL EATING DISORDERS ASSOCIATION
NEDAWALK
Save a Life

National Walk Sponsor
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DONATION FORM

Please use this form to submit all donations collected offline. Fill out all requested information to guarantee the donation is allocated to the correct NEDA Walk participant's fundraising goal and to ensure appropriate donor acknowledgment. Forms and donations can be mailed to the NEDA office or submitted at the walk.

Walker's name you are contributing to: _____

Walk City and State: _____

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:

$_____

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