

# 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: \_\_\_\_\_

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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 NUMBER W/ 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**  
 1500 Broadway, Suite 1101  
 New York, NY 10036