

Thank you for helping end hunger... one step at a time!

Name of Walk _____ Date of Walk _____
 Walker name(s) _____ Number in your party? _____
 Address _____ My phone _____
 City _____ State _____ Zip _____ Email _____
 Congregation/School/Organization _____



Collect the money when you sign up donors.

Make checks payable to CWS/CROP.

Ask donors if their employers will match their gift.

Return the funds in this envelope to your CROP Hunger Walk recruiter.

Donor's Name	Address/City/State/Zip or Email Address	Donation Amount	(Check One)		Donor Designation
			Enclosed	Online	
1.					
2.					
3.					
5.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Contributions are tax deductible as allowed by law.

STATEMENT OF CONSENT I understand the risks involved in participating in the CROP Hunger Walk and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs/images and quotations from me in accounts and promotions of CROP Hunger Walks.

Signature(s) _____

Parent or guardian's signature if under 18 years of age:

Signature _____

Total cash and checks _____

Total raised online _____

GRAND TOTAL _____

Please return all donation envelopes, used and unused, to your recruiter.

Recruiter's Name: _____

Email: _____

Phone: _____

This tear-off top sheet is your registration form for Walk day.

DONATION ENVELOPE