



DONATION TRACKING FORM

Our goal is to raise \$400,000 for the Peace Institute's critical programs and services.

Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Team Name: _____

Team Captain: _____

I am walking in memory of:

My Personal Fundraising Goal is:

\$ _____ (\$100 Suggested)

My Team Fundraising Goal is:

\$ _____ (\$1000 Suggested)

SPONSOR NAME	ADDRESS	STATE	ZIP	\$DONATION	CASH?	CHECK #
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PAGE _____ OF _____

TOTAL RAISED \$ _____

- Please photocopy this form if you need extra copies
- Collect the money when the donor contributes
- SAVE TIME ON DAY OF WALK
- Receipts will be issued for all donations of \$20 or more
- PLEASE DO NOT INCLUDE ANY ONLINE DONATIONS ON THIS FORM
- Mail all donations with this form to:
15 Christopher Street, Dorchester, MA 02122