



WALK FOR A HEALTHY COMMUNITY

Highmark is an Independent Licensee of the Blue Cross and Blue Shield Association

If applicable, please write Resident Name you are sponsoring here:

Return to Development Office
1028 Benton Avenue, Pittsburgh, PA 15212

WALKER DONATION FORM (Please print)

Name of walker: _____

Name of organization I am supporting: _____

	Donation Amount
1. Sponsor Name (Optional)	
2. Sponsor Address (Optional)	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
My own donation	
My fund raising goal is \$ _____	
TOTAL	

NOTE: Please return this form on walk day to your selected organization.