



WALK FOR A HEALTHY COMMUNITY

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

Little Sisters of the Poor WALKER DONATION FORM

Name of walker: _____
(Please print)

Team Name: _____
(if Applicable)

Address of walker: _____

Email Address: _____ Phone: _____

		Donation Amount
1.	Sponsor Name (Optional)	
2.	Sponsor Address (Optional)	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	My own donation	
	TOTAL	

NOTE: Please return this form either on walk day to the Little Sisters of the Poor tent or by mail:
Development Office 1028 Benton Avenue, Pittsburgh, PA 15212. Call (412) 307-1268 with questions.