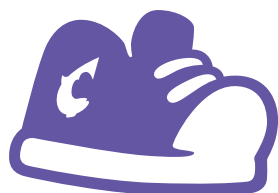


Participant Information *(please print)*

Name _____ Team _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____ Birth date _____



GILL'S WALK-OFF!

FOR CANCER

KAPCO PARK**SATURDAY JULY 31ST****Donation Information** *(please print)* Checks payable to: **Aurora Health Care Foundation**

Name	Address/City/State/Zip	Donation	Received	Payment Type	Entered on website?	
					Yes	No
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Subtotal						
Matching Gifts						
Online Donations						
TOTAL						

Please bring this donation form along with any cash or checks to the registration station the day of the Walk. All proceeds go to Aurora Cancer Care.

