2010 Communities Collaborative Conference
"10 Years of Making A Difference"
5K Walk/Run Autism Walk Donation Record

Required Information:

Participant Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

E-mail address: _____ Employer: _____

I'm Walking for: _____ TeamName: _____

Proceed Funds to go to White Earth Reservaton Autism Assosciaiton

hhDONOR (NAME/ADDRESS)	PHONE NUMBER	TOTAL DONATION	RECEIVED CASH	RECEIVED CHECK

_____
Participant's Signature

Please Make Checks payable to:
Communities Collaborative Conference

_____
Total cash/checks enclosed