

Walker's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Walk Location: _____

**WS Awareness Week
 May 8-14, 2011**

WALK DONATION FORM



	Donor's Name	Mailing Address	City, State, Zip	Email	Amount Collected
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	Total				

**All proceeds benefit the Williams Syndrome Association,
 a 501(c)3 Non-Profit Organization**

All checks should be payable to WSA, Inc
 Donations collected can be turned in at the walk or mailed to the
 WSA at 570 Kirts Boulevard, Suite 223, Troy, MI 48084