



TEAM DONATIONS

Name _____

Address _____

City _____ State _____ Zip _____

Team Name (if applicable) _____ Team Captain (if applicable) _____

Sunday, OCTOBER 24, 2021 EASTVIEW MALL REGISTRATION
 8:30 a.m. WALK STARTS 9:00 a.m. COSTUME CONTEST 10:00 a.m.
 Please make checks payable to **Al Sigl.**



SPONSOR'S NAME	ADDRESS	DOLLARS RECEIVED
Self Donation		\$25

THANK YOU SENT

Contributions can be mailed to Rochester Hearing and Speech Center at 1000 Elmwood Avenue, Suite 400 Rochester, NY 14620. or delivered to agency the day of the walk. Question about this form, please contact Jeanette Burk, Marketing Manger at jbuk@rhsc.org.

THANK YOU!



SUNDAY
 OCT
 24
 EASTVIEW
 MALL

8:30 AM
 REGISTRATION

9 AM
 EVENT BEGINS

10 AM
 COSTUME
 CONTEST

