



DONATION COLLECTION FORM

Participant Name: _____ Team Name: _____
(if applicable)

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Cash or checks ONLY accepted for donations. Please make checks payable to WEAVE. Write participants name on check so proper credit will be given to participant. All donations to WEAVE will support its mission of bringing an end to domestic violence and sexual assault in partnership with the community. For more information on WEAVE please visit www.weaveinc.org. Thank you for your support!

	Name	Address, City, State, Zip	Phone	Gift Amount
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All donations collected must be submitted at In-Person Registration/Package Pick-Up June 5 & 6 at Fleet Feet (downtown J Street location) or on race day, June 7 at the State Capitol.