



John H. Ware IV Memorial Hunger Help Walk

Walker's Name:
Street Address:
City - State - Zip:
Phone Number:
E-Mail:
Congregation/School/Organization:

**Collect the money when you sign up donors – make checks payable to
“The Oxford Area Civic Association”.**

**Remember: Employer matching gifts can make an important contribution.
 Contributions are Tax Deductible.**

Donor Name	Address/City/State/Zip	Donation	Paid
Ex: John Doe	245 Commerce Street, Oxford, PA 19363	\$40.00	✓
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL		\$	

Please make sure the top of the form is **filled out completely** and **sign** the Consent Statement below.

Please bring the collected money in the attached envelope and this form to the Registration Table the day of the Hunger Help Walk.

CONSENT STATEMENT: I understand the risks involved in participating in the Hunger Help Walk and I willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs or images and quotations from me in accounts and promotions of this event.

Walker/Runner Signature: _____ Date: _____

Parent/Guardian Signature if under 18 years of age: _____

Please bring this form on the day of the walk as your registration and your waiver form.

Thank you for your support of the John H. Ware IV Memorial Hunger Help Walk.