



2018 Walk Donation Submission Form

Donor Information:		
Name:		
Email:		
Address:		
City:	State:	Zip:

Gift Information:	
Registered Walker (this person will receive credit for the donation submitted):	
Stollathon Location:	Team Name (if applicable):
Name as you wish it to appear on the donor scroll:	
<input type="radio"/> I prefer to make this donation anonymously <small>Please note: By marking your donation as "Anonymous", your name will be shared with the page owner and team captain, but will not be published on the donor scroll or on our site.</small>	
This gift is being made in triibute of someone special:	
<input type="radio"/> In honor of <input type="radio"/> In memory of	Name:

Please mail form & donations to: Rettsyndrome.org
4600 Devitt Dr
Cincinnati, OH 45246

Questions? Email admin@rettsyndrome.org
or call 1.800.818.RETT for more information.