



# ULTIMATE HIKE DONATION FORM

HIKER NAME: \_\_\_\_\_

HIKE NAME: \_\_\_\_\_



Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Donation Amount:  \$25  \$50  \$100  \$250  Other \$ \_\_\_\_\_

Method of payment: \_\_\_\_\_ Check (made payable to CureSearch) \_\_\_\_\_ Credit Card

AMERICAN EXPRESS

DISCOVER

MASTERCARD

VISA

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Simply mail this form with your donation to:  
CureSearch for Children's Cancer | Ultimate Hike Donations  
PO Box 45781 | Baltimore, MD 21297**

CureSearch will track the donations and apply them to the goal of the above named Ultimate Hike Participant.

**Thank you for your support and generosity in this endeavor.**



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