



The Rachel Cooper Foundation
 Providing life saving Pediatric Heart Surgery

Saving lives
 one child at a time.

HEAL-A-HEART WALK-A-THON PROJECT

Walker Information: School: _____ Class: _____

First Name: _____ **Last Name:** _____

Pledges are due by _____. **Cash or checks are accepted.**

Date of Walk-A-Thon: _____

I understand that if I bring in \$25.00 or more in donations/sponsorships I will receive a Rachel Cooper Foundation T-shirt. Shirt Size: () YM () S () M () L () XL

My Personal Goal is to walk _____ miles/laps during my RCF Walk-A-Thon

I am participating in the RCF Heal-A-Heart Walk-A-Thon to save a child's life. My school has committed to raise funds for a child's open heart surgery. As part of my fundraising efforts, you can sponsor me for an amount per mile/lap and name a maximum amount that you would like to contribute. After the Walk-A-Thon, I will return to tell you how many miles/laps I walked at my event and will collect your contribution. You can also pledge a fixed amount and contribute today. Please make checks payable to the Rachel Cooper Foundation, Inc. All contributions are tax-deductible to the fullest extent allowed by law.

Total Miles/Laps Walked: _____

	Please Print: First and Last Name of Sponsor Complete Mailing Address	Pledge per Mile/Lap (e.g. 50 cents or \$1.00)	Maximum Pledge	Phone number and Email	Amount Collected from Sponsor
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First Name: _____ **Last Name:** _____

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Contributions to the Rachel Cooper Foundation are tax deductible to the full extent allowed by law. If you have questions about making special gifts please contact us at 1-800- 299-7613 or email us at info@RachelCooperFoundation.org