



CONTRIBUTION FORM

Team: _____

Race Against Hunger 5K Run/Walk or Bike 10-Day Virtual Event

Friday, April 22, 2022 – Sunday, May 1, 2022

Send checks or money orders to:
Race Against Hunger
123 Chestnut Street, Suite 401
Philadelphia, PA 19106

Racer's Name: _____

Telephone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

I am walking with: (School/Corporation/Team Name/Self) _____

I would like my contributions directed to (please check one): ☐ Greater Philadelphia Coalition Against Hunger

☐ Local food pantry, soup kitchen or anti-hunger organization (specify): _____

My donations will be matched by: _____ (Company name). Please attach corporate matching forms.

Name of Contributor	Phone or E-mail	Amount
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List additional contributors on back of this sheet.	TOTAL COLLECTED: \$	



Contribution Form

Team _____

Make checks payable to: Race Against Hunger and include team name in memo line.

Name of Contributor	Phone or E-mail	Amount
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TOTAL FROM PREVIOUS PAGE: \$ _____	TOTAL COLLECTED: \$ _____	

Send checks or money orders (**not cash**) to: Race Against Hunger, 123 Chestnut Street, Suite 401, Philadelphia, PA 19106