

Donation Form



Stroke Awareness

5k Run/Walk

In Memory of Ardith Felzke

Without supporters like you we would not be able to reach our goal and help others. Thank you for your support.

Donor Information

BUSINESS NAME	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	CITY, STATE, ZIP
PHONE	

Donation Description

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> BUSINESS CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> DEPOSIT AT EMBERS CREDIT UNION UNDER "STROKE AWARENESS 5K RUN/WALK"	
AMOUNT / DESCRIPTION	DATE
HOW WOULD YOU LIKE YOUR NAME PRINTED ON THE T-SHIRT? PLEASE PRINT LEGIBLY	

Contact Information

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