



## Donation Form

Helpline 646-744-2900

[ckwalk.org](http://ckwalk.org)

Your Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Contributor Name	Check or Cash?	Amount	Email
Total Enclosed			

Please make checks payable to:

**CaringKind**

**360 Lexington Ave., 3rd Floor**

**New York, NY 10017**

**Or email to: [walk@cknyc.org](mailto:walk@cknyc.org)**