



10th Annual Nassan's 5K Walk for Autism

Donation Recap Sheet

To be turned in at the registration table on Saturday, April 27, 2024

Walker's Name: _____

Team Name: (If Applicable) _____

Address: _____ City/State/Zip Code: _____

Phone: _____ E-mail: _____

Congregation/School/Organization: _____

Make checks payable to "Nassan's Place"

All donations are tax-deductible

Recommended minimum donation/pledge per walker \$50

Donor's Name	Email Address	Donation/ Pledge
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$

Total Donation/Pledge\$ _____

Making a difference in the lives of children & families affected by Autism