

NEDA Walk Offline Donation Form

*Please use this NEDA Walk donation form for all offline contributions.
*Please fill out all requested information to ensure accurate appropriation of the donation to the correct local walk and walk participant, as well as accurate acknowledgement.

Support me as I participate in the NEDA Walk!!

My Contribution is Sponsoring: _____
(Walker's Name)

Walk Location: _____
(City & State)

Donor Information

Donation Amount: _____
*Please make checks payable to "NEDA" or "National Eating Disorders Association."
*Please **DO NOT** staple checks to this form! The check will tear when removed.

Cash: ____ Check: ____ Credit Card: Visa/Mastercard/Amex
(Circle One)

Cardholder Name: _____

Credit Card Number: _____

Credit Card Expiration Date: _____ Security Code: _____

Signature: _____

Donor/Business Name: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Donor Phone Number: _____

Donor Email Address: _____

THANK YOU FOR YOUR CONTRIBUTION!

Please make checks payable to "NEDA" or "National Eating Disorders Association."
Mail this form and your donation to:

National Eating Disorders Association
165 W 46th Street, Suite 402
New York, NY 10036

