

Donation Record



Required Information

Participant Name: _____

Company: _____

Team Name: _____

Coach Name: _____

Email: _____

Primary Address: _____ Work Home

City, State, Zip: _____

Primary Phone: _____ Work Home

Total Cash/Checks Enclosed \$ _____

Total Raised Online \$ _____

Grand Total Raised \$ _____

For AHA Use Only

Cash _____

Check _____

Matching Gift _____

Total _____

Staff Initials _____

Donor	Total Donation	Received	Check	Cash	Matching Gift?		Did you enter this on the Website?	
					YES	NO	YES	NO
Jane Doe	\$100.00	X	X	X	YES	NO	YES	NO
					YES	NO	YES	NO
					YES	NO	YES	NO
					YES	NO	YES	NO
					YES	NO	YES	NO
					YES	NO	YES	NO
					YES	NO	YES	NO
					YES	NO	YES	NO
**Please make checks payable to the American Heart Association					Please enclose all matching gift forms		Please Print your pending report form and enclose	

Please enclose this log in an envelope along with your donations. If only checks are enclosed the envelope may be mailed to American Heart Association, Attn: Bay Area Heart Walk, 426 17th St, Suite 300, Oakland, CA 94612. Alternatively you may give your collected donations with this record to your coach. **DO NOT MAIL CASH.** If cash is enclosed, be sure to turn your donations in at the Heart Walk or ask you American Heart Association staff partner to come by your office to pick them up. The money you have raised will be credited to you and your team.