

Donation Form

Thank you for joining us in making the future a brighter place for all children! Please take a moment to complete the form below.

Donor name:				
Donor email: Donor phone number:				
I would like my donation to go to a re	egistered walker	or team:		
nclosed is my donation of:				
\$1,500				
\$1,000				
\$500	☐ I have enclosed my check in the amount of \$			
\$250	(Please make check payable to SKECHERS Foundation)			
\$100	Charge credit	card below in the	amount of	Ł
\$50	 Charge credit card below in the amount of \$ (American Express, MasterCard, and Visa are accepted) 			
Other: \$. ,
would like my donation to support the	Card #			
ollowing organization (you may check				
wo):	Exp. date:		Security cod	de:
The Friendship Foundation	Candbaldans	_		
☐ El Segundo Education Foundation	Cardholder name			
Hermosa Beach Education Foundation	Dillion at a 1-1			
Manhattan Beach Education Foundation	Billing address:			
Palos Verdes Peninsula Education Foundation	City:		State:	ZIP:
Redondo Beach Educational Foundation	Cardholder signat	ure:		

THANK YOU FOR YOUR SUPPORT!

SKECHERSFriendshipWalk.com

☐ Torrance Education Foundation

Divided Equally