

**CONTRIBUTION
COLLECTION FORM****PLEASE CHECK THE RACE YOU ARE FUNDRAISING FOR:**

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Team Name (if applicable)

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Donor's Name**Address****Amount**

<u>Donor's Name</u>	<u>Address</u>	<u>Amount</u>
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PLEASE MAKE ALL CHECKS OUT TO "THE MMRF"*Please return this form in an envelope with checks/cash on Race Day. You can also mail all donations and this form to:**MMRF 5K Walk/Run Program / 383 Main Avenue / 5th Floor / Norwalk, CT 06851