



Protect A Life From Food Allergies

BE A PAL Collection Form

Walk Location: _____ Year: _____

Participant Information

PLEASE PRINT CLEARLY.

Participant name: _____ Team name (if applicable): _____

Please apply my donation to (specify walker): _____

Phone number: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip code: _____

Other family members participating: _____



Please make checks payable to FAAN.

The Food Allergy & Anaphylaxis Network
11781 Lee Jackson Hwy., Suite 160
Fairfax, VA 22033

If donors wish to make a credit card donation, please print legibly in the space below the donor's name, phone number, credit card number, credit card expiration date, and donation amount. FAAN™ will process the donation after Walk Day. FAAN accepts Visa, MasterCard, and American Express.

	Donor	Cash	Check No.	Credit Card	Matching Gift (attach form)	Donation Amount
1	Name: Phone:			Card No.: Signature: Exp. Date:		
2	Name: Phone:			Card No.: Signature: Exp. Date:		
3	Name: Phone:			Card No.: Signature: Exp. Date:		
4	Name: Phone:			Card No.: Signature: Exp. Date:		
5	Name: Phone:			Card No.: Signature: Exp. Date:		
6	Name: Phone:			Card No.: Signature: Exp. Date:		
7	Name: Phone:			Card No.: Signature: Exp. Date:		
8	Name: Phone:			Card No.: Signature: Exp. Date:		
9	Name: Phone:			Card No.: Signature: Exp. Date:		
10	Name: Phone:			Card No.: Signature: Exp. Date:		

of checks enclosed: _____
Checks enclosed: \$ _____
Cash enclosed: \$ _____

Suggested goal = \$300

Tax-Deductible Collection Total: \$ _____

WAIVER: I hereby waive all claims against FAAN (The Food Allergy and Anaphylaxis Network), event sponsors, and personnel for any injury I might suffer in this event. I authorize FAAN or anyone authorized as a representative of FAAN to use my name and/or photographs of me, which I have provided or are taken of me at the event, to promote or advertise any FAAN Walk for Food Allergy event.

Signature _____

Date _____