



Gift Deposit Slip

Gift Amount: _____

Walker Name _____

Donor Name _____

Donor Address _____

Donor Phone _____

Donor Email _____

Please attach a deposit slip to **EACH** gift of cash or check and mail to:

Download additional slips at cincywalks.org

Cincinnati Children's
P.O. Box 5202
Cincinnati, OH 45201-5202



BRV761713 0323



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