



## 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](http://cincywalks.org)

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



BRV1048927 0324



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