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**19th Annual Rainbow of Heroes Walk**

*Supporting the Duke PBMT Family Support Program*

# **April 27, 2019**

Sponsor Sheet

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please make checks payable to Duke University and write “19RH” in the memo***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Amount | Check | Cash | Name | Amount | Check | Cash |
| 1 |  |  |  | 13 |  |  |  |
| 2 |  |  |  | 14 |  |  |  |
| 3 |  |  |  | 15 |  |  |  |
| 4 |  |  |  | 16 |  |  |  |
| 5 |  |  |  | 17 |  |  |  |
| 6 |  |  |  | 18 |  |  |  |
| 7 |  |  |  | 19 |  |  |  |
| 8 |  |  |  | 20 |  |  |  |
| 9 |  |  |  | 21 |  |  |  |
| 10 |  |  |  | 22 |  |  |  |
| 11 |  |  |  | 23 |  |  |  |
| 12 |  |  |  | 24 |  |  |  |

Please only list cash/check contributions above. Credit card donations can be made online at [www.rainbowofheroeswalk.org](http://www.rainbowofheroes.org) and will be credited to your team total on Walk day.