



DOORS

Handleman Walk for Autism 10/3/2010

Walker's Name: _____ Team: _____

Sponsor Form – *Please make checks payable: To DOORS*

| Sponsor Name | Donation Amount Collected |
|--------------|---------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |

*All donations will be collected the morning of the walk.

Total cash:\$ _____ Total checks: \$ _____ Grand total: \$ _____

WAIVER: I hereby agree to indemnify and hold harmless DOORS and its affiliates from all cost, expense and liability arising out of participation in this fundraiser. I assume liability for any personal loss, damage, or other liability occurring in this event. I grant permission for photos or any record of this event to be used for any legitimate purpose.

DOORS Tax ID: 22 – 3071595 (www.doorsnj.org)

Signature: _____

Feel free to make as many copies of this form as needed!

Thank You from all of us!!



If you are unable to attend due to weather or for any other reason, Please mail this form with donations to:

DOORS
25 Gibbons Circle
New Brunswick, NJ 08901
Attention Ed Jacobson