

Holy Family Regional Catholic School

2017 Hawk Walk & Mini Hawk Hustle

Donation Form

Name of Donor	Pledge Amount	Collected
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Please make extra copies if space for more than 10 entries are needed

All checks must be made out to: HFRCS. Please include student's Name & Grade on your check. Retain the top of this form for your records. Please detach bottom of form and return with check(s) to: Hawk Walk, Attn: GINA MAZZOCCHI, Hawk Walk Committee

HAWK WALK DONATIONS

Family Name: _____ Total Donation: _____

Child 1: _____ Grade: _____

Child 2: _____ Grade: _____

Child 3: _____ Grade: _____

Child 4: _____ Grade: _____

If pledge is NOT to be divided equally among children, PLEASE specify which child should earn the credit.

Hawk Walk Committee:
 Alex York ayork320@gmail.com
 Colleen Meehan colleen.meehan01@yahoo.com
 Gina Mazzocchi rmazzocc@gmail.com