



**DONOR
TRACKING
FORM**



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TRACKING
FORM**

Walk Name: _____
 Walker Name: _____
 Team/Organization: _____
 Envelope Number: _____

Walk Name: _____
 Walker Name: _____
 Team/Organization: _____
 Envelope Number: _____

	Donor Name	Amount Donated
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

	Donor Name	Amount Donated
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Make checks payable to CWS/CROP

Put all donations in your envelope and turn in to your Team Captain or local walk treasurer.

www.crophungerwalk.org

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