

Make a Donation to the Bennett Cancer Center

Yes! I will make a contribution to help support Hope In Motion Walk.

\$500 \$250 \$100 \$50 \$25 Other Amt: _____

Donate to a team or participant
Name of team/participant

Please Make Your Checks Payable to Stamford Hospital

Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Donor Phone _____

Email _____

Thank You So Much For Your Support!

Mail this form and your check to:

Stamford Hospital Foundation

3001 Summer St, 2nd Fl, Stamford, CT 06905

For more information contact Kari Pollak- kpollak@stamhealth.org or 203-276-2554

Additional Information

*To find out more about the Walk event, to register or donate
visit hopeinmotion.org*

