

Participant Information

NAME	
ADDRESS	
CITY	STATE ZIP CODE
EMAIL	PHONE

OTTAWA COUNTY'S
15th ANNUAL

CARI MCGRATH



Participants are encouraged to raise money for the American Heart Association, but it is not a requirement to take part in the Red Dress Run. Please use the below form to collect donations. Donations can be made in honor or memory of someone with heart disease.

ADDITIONAL DONATION SPACE ON BACK OF THIS FORM

DONATIONS*

*Cash or Checks only. Please make checks payable to American Heart Association

NAME	ADDRESS	CITY	STATE	ZIP CODE	AMOUNT	DONATION IS IN MEMORY/HONOR OF:
						NAME _____ Please Check: _____ IN HONOR _____ IN MEMORY
						NAME _____ Please Check: _____ IN HONOR _____ IN MEMORY
						NAME _____ Please Check: _____ IN HONOR _____ IN MEMORY
						NAME _____ Please Check: _____ IN HONOR _____ IN MEMORY
						NAME _____ Please Check: _____ IN HONOR _____ IN MEMORY
TOTAL AMOUNT						\$ _____

Please collect all donations and return this form by **Feb. 17th** to Ottawa County Health Planning Commission
PO Box 33
Winneapolls, KS 67467

DONATIONS*

ADDITIONAL DONATION SPACE

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		Please Check: _____ IN HONOR	_____ IN MEMORY

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CITY	STATE ZIP CODE	NAME	AMOUNT
		Please Check: _____ IN HONOR	_____ IN MEMORY

Please combine totals from this side to the total amount box on the front of this form.