



**Congenital Heart Walk
Offline Donation Form**

Congenital Heart Walk Event _____

Event Date (If known) _____

Your Name: _____

Participant/Team to be credited: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Payment Information

You may send payment by money order or check made payable to The Children's Heart Foundation. We do not recommend sending cash.

☐ **Check** ☐ **Money Order** ☐ **Cash**

Amount _____

Please send to:

The Children's Heart Foundation
5 Revere Drive
One Northbrook Place, Suite 200
Northbrook, IL 60062