



Donation tracking sheet

Walker's name _____ Walk Captain's name _____

Our goal is to raise at least \$100 per walker to support research to find a cure for psoriasis and psoriatic arthritis and eliminate its devastating effects.

Donor's name	Street address, City, State, ZIP	Phone number	E-mail	Total collected
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
Grand total				_____

The National Psoriasis Foundation is a 501(c)(3) nonprofit organization. Contributions are tax-deductible.

- Instructions:**
1. Use the form above to track all of the donations received.
 2. Please do not enter credit card donations on the above form. If donors would like to make a credit card donation, please direct them to www.psoriasis.org/walk or have them call 877.825.WALK (9255). Remind callers to specify what city the Walk is in, and that you initiated the donation.
 3. Turn in this form along with all of your donations in the envelope to your Walk Captain before or at the Walk.
 4. Please do not enter any I.O.U. donations. If you receive donations at a later date please mail them to the National Psoriasis Foundation with your name, your Walk Captain's name, and the city of the Walk. Please mail to: National Psoriasis Foundation; Attn: Walk to Cure Psoriasis; 6600 SW 92nd Ave., Suite 300; Portland, OR 97223