

# Gift Deposit Slip



Walker Name \_\_\_\_\_

Donor Name \_\_\_\_\_

Donor Address \_\_\_\_\_

Donor Phone \_\_\_\_\_

Donor Email \_\_\_\_\_

Please attach a deposit  
slip to **EACH** gift of cash  
or check and mail to:

Cincinnati Children's  
P.O. Box 5202  
Cincinnati, Ohio 45201-5202

Gift Amount: \_\_\_\_\_



Cincinnati  
**Children's**  
changing the outcome together

Download additional slips at [www.cincywalks.org](http://www.cincywalks.org)

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