

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: _____

Download additional slips at www.cincywalks.org



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