



Children's National™
Health System



SK8 FOR A CAUSE SPONSOR FORM

NAME _____ DATE _____
 SCHOOL _____ BIRTH DATE _____
 MAILING ADDRESS _____
 E-MAIL ADDRESS _____ PHONE NUMBER _____

Please make checks payable to **Children's National Medical Center**

DONOR NAME	ADDRESS	AMOUNT DONATED	CASH	CHECK	AMOUNT RECEIVED

Please make checks payable to Children's National Medical Center.
 Feel to copy this Sk8 for a Cause sponsor form if you need additional space.

Please bring your completed form with your donations with you on event day.
 Or you can drop off prior to the event at the Fairfax Surf Shop.

If you want to make an online payment please visit www.skatefesfairfax.com/make-a-donation

If you have any question please contact our event manager Imoh Ekasi-Otu:

Imoh@skatefestfairfax.com