



2008 Registration

please print page, fill form out, mail to:

Massachusetts Citizens for Children, 14 Beacon Street, Suite 706, Boston, MA 02108

Register as a stroller I cannot stroll but I want to donate

Your Name: _____ Phone: _____

Address: _____ eMail: _____

City: _____ State: _____ Zip Code: _____

Organization: _____
(enter "none" if not applicable)

REGISTRATION FEE (non-refundable) ___ \$20 Individual walker registration

DONATION OF: (non-refundable) ___ \$20 | ___ \$50 | ___ \$75 | ___ \$100

___ Other (please specify) \$_____

SPONSOR MY FRIEND

Your Name: _____ Phone: _____

Address: _____ eMail: _____

City: _____ State: _____ Zip Code: _____

Organization: _____
(enter "none" if not applicable)

DONATION OF: (non-refundable) ___ \$20 | ___ \$50 | ___ \$75 | ___ \$100

___ Other (please specify) \$_____