St Bernard Catholic School

Bobcat Walk 5K Relay

Family Name: _____

Siblings Names: _____ _____

_____ _____

Sponsor Name	Mailing Address (if requesting tax receipt ONLY)	Zip Code	Cash or Check?	Donation Amount	Check here if a contribution receipt is needed for tax purposes
				$	
				$	
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Total Amount Enclosed in Envelope:					

Please make checks payable to St. Bernard Parents Club.

We must have a mailing address to send a tax receipt.