

Yes! I want to help save lives and
bring good health to children
in our region by supporting
Riley Children's Foundation.



Name(s) _____
Address _____
City _____ State _____
Zip _____ Phone # _____
E-mail _____
Amount donated: _____

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Address _____
City _____ State _____
Zip _____ Phone # _____
E-mail _____
Amount donated: _____

Please make checks payable to Riley Children's
Foundation. Bring all money with you to the event.

You may also create your own fundraising page at
www.firstgiving.com/rileykids.