



**CAP 6th Annual
Step Up For Kids Run/Walk**

**Saturday September 28, 2019
Cassadaga, NY**

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Donation: _____ Value \$ _____

Vendor / Business Name: _____

Contact Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Date: _____

Signature: _____

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Credit Cards and Checks accepted.
Make checks payable to: **"Friends of the Child Advocacy Program"**

Please return donation form and payment to:
Child Advocacy Program
405 W. Third Street, Jamestown, NY 14701

Fax to: (716) 338-9846

