



Linked in Friendship, Connected in Service

**THE LINKS FOUNDATION, INCORPORATED
CHAPTER WALK-A-THON TRANSMITTAL FORM
Annual Walk-A-Thon**

DATE OF EVENT / /		CHAPTER	
AREA: <input type="checkbox"/> CENTRAL		<input type="checkbox"/> EASTERN	
		<input type="checkbox"/> SOUTHERN	
		<input type="checkbox"/> WESTERN	
CHAPTER PRESIDENT		DAY TELEPHONE	
SUBMITTED BY			
ADDRESS/CITY/STATE/ZIP:			
DAY TELEPHONE		EVENING PHONE	
BEST TIME TO CALL, IF WE NEED ADDITIONAL INFORMATION			
: : <input type="checkbox"/> AM <input type="checkbox"/> PM (Eastern Standard Time)		<input type="checkbox"/> DAY PHONE	
		<input type="checkbox"/> EVENING PHONE	
MONETARY CONTRIBUTIONS			
QUANTITY	TYPE OF CONTRIBUTION	AMOUNT COLLECTED	TOTAL
	@ \$ per registered participant	\$	\$
	@ \$ per registered participant		
	Other monetary contributions		
		TOTAL COLLECTED:	\$
DESCRIPTION OF EXPENSES			
		\$	
		\$	
		\$	
		TOTAL EXPENSES	\$
TOTAL REMITTANCE (MONETARY CONTRIBUTIONS LESS EXPENSES)			\$
AMOUNT RETAINED BY THE LINKS FOUNDATION, INCORPORATED (REMITTANCE / 50%)*			\$
DISBURSEMENTS*			FOR OFFICIAL USE
SEND CHECK TO	<input type="checkbox"/> CHAPTER	<input type="checkbox"/> DESIGNEE:	DATE REC'D
PAYEE			DATE DEPOSITED
ADDRESS			AMT OF CHK
CITY, STATE, ZIP			CK #
			INITIAL

*At the discretion of the chapter, 50 % of the proceeds of the walk-a-thon may be distributed to a not-for-profit organization of the chapter's choosing. The other 50% will be retained for programs of The Links Foundation, Incorporated. Please attach description of any in-kind contributions for this event.

*This form may not be submitted online or via fax. Please complete and print out. Two copies of this form must accompany funds collected for the event. Please send to The Links Foundation, Incorporated
1200 Massachusetts Avenue, NW, Washington, DC 20005*