



Sickle Cell Anemia Foundation of Oregon, Inc.

4566 NE 87th Ave
Portland OR 97220
503.249.1366
www.sicklecelloregon.org

7th annual Sickle Cell Walk-A-Thon Registration Form

DATE: SEPTEMBER 14TH 2019 TIME: 9:00AM- 12:00 NOON

PLACE: AMERICAN RED CROSS, 3131 N. VANCOUVER AVE PORTLAND OR 97227

NAME/ORGANIZATION NAME (IF ANY)

ADDRESS

CITY/ STATE

ZIPCODE

PHONE NUMBER

EMAIL ADDRESS

REGISTRATON FEE

\$20.00

DONATION

\$ _____

T-SHIRTS

\$ _____

OTHER

\$ _____

PAYMENT OPTIONS:

- Enclosed is my check made payable to **Sickle Cell Anemia Foundation of Oregon, Inc** in the amount of \$_____.
- Please charge my Credit/Debit Card in the amount of \$_____.

Please return completed form and check to:
Sickle Cell Anemia Foundation of Oregon, INC
PO Box 11124
Portland OR 97218



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CREDIT /DEBIT CARD NUMBER

EXPIRATION DATE

CARD HOLDER NAME

SIGNATURE

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