

**Girls on the Run® of Marion County**  
**Donor Response Form**



Name of donor: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Yes, I would like to support Girls on the Run!® Enclosed is my gift of :

- \$500 Gold Donor
- \$250 Silver Donor
- \$100 Bronze Donor
- Other (specify) \_\_\_\_\_

Please make your check payable to:

**Marion County Health Department**  
**6940 Michigan Road, Suite 130**  
**Indianapolis, IN 46268**  
**Attn: Pam Averill**

For more information contact Pam Averill at [paverill@hhcorp.org](mailto:paverill@hhcorp.org) or 317-221-7512.

Thank you for your support!