



## VIRTUAL WALKER REGISTRATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form and donation to:

**Drug Free Pennsylvania**  
Attn: Virtual Walker Team  
300 North 2<sup>nd</sup> Street, Suite 1215  
Harrisburg, PA 17101

**THANK YOU FOR YOUR SUPPORT!**

*Drug Free Pennsylvania* is registered with the Pennsylvania Department of State, Bureau of Charitable Organizations.  
A copy of the official registration and financial information of *Drug Free Pennsylvania* may be obtained by calling  
toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.