

# Participant Fundraising Form

*Proceeds benefit The Arc of the Piedmont. This program ensures the full community inclusion and participation for all people with developmental disabilities.*

Participant's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

**Date: *Sunday December 3, 2017* Where: *The Sprint Pavilion on the downtown mall.* Checks to be made payable to: *The Arc of the Piedmont.* For more information, call *(434) 977-4002* or mail to: *509 Park Street Charlottesville, VA 22902.***

Sponsor's Name	Mailing Address	City, State, Zip	Phone	Contribution
<b>Total Enclosed:</b>				<b>\$</b>

