

## TeamRaiser Gift Form

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**E-mail:**

**Donation Amount:**   ☐ \$10            ☐ \$25            ☐ \$50  
   ☐ Other amount:

### Credit Card Information

☐ MasterCard                      ☐ Visa                      ☐ American Express

**Card Number:**

**Expiration Date:**      **Month:**            **Year:**

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**I am sponsoring the following person who is participating in this event:**

**Event Name:**            Phoenix Children's Hospital 5K 2020 - Momentum P2P  
**Participation Type:** 5k - Adult

**Participant Name:** Ms. Aida P. Soto Navarro  
**Address:**                      4015 E Flower St

**City:**                      Phoenix  
**State:**                      AZ  
**Zip:**                      85018-6433  
**Country:**                      United States  
**E-mail:**                      aidasotonav@gmail.com  
**Race Number:**  
**Cons Id:**                      1551108

**Team Name:**            40/40  
**Company:**  
**Division:**

**Team Captain:**      Ms. Yijee Anthony Jeong  
**Address:**                      2425 E Camelback Rd Ste 900

**City:**                      Phoenix  
**State:**                      AZ  
**Zip:**                      85016-4242  
**Country:**                      United States  
**E-mail:**                      yijee.jeong@gmail.com