



October 19, 2024

Donor Information Name: _____ Contact: _____ Billing Address: City: _____ State: ____ ZIP: ____ I would like to make a contribution to help Piedmont Augusta Foundation's Miracle Mile Walk. \$250 **\$100** \$50 **25** Other A check is enclosed (made payable to Piedmont Augusta Foundation with Miracle Mile Walk in the memo) Want to donate online? Visit themiraclemilewalk.org to register and make your gift. Pay with card: Please call **706.667.0030** to pay by phone —— Participation Information —— Supporting a team or individual is easy! Complete the information below so your donation can be credited to the participant or team goal. Participant's Name: Team Name: Mail this completed form and your payment to: **Piedmont Augusta Foundation**



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