



**Support me as I participate in the Children's IBD Center  
at Mount Sinai Marathon Fundraiser.**

**Participant's Name:** Debbie Shapiro  
**Event:** NYC Marathon, November 2, 2008

**Yes! I will make a contribution to help Children's IBD Center.**

\$1,000    \$500    \$250    \$100    \$50    \$25    Other Amount: \_\_\_\_\_

**Please Make Your Checks Payable to Children's IBD Center**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Donor Phone \_\_\_\_\_

Email \_\_\_\_\_

**Thank You So Much For Your Contribution!**

*Check Payable to:* **Children IBD Center**

*Mail to:* Debbie Shapiro

11 Skylark Drive

Jackson, NJ 08527