

DONATION FORM

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Participant/Fundraiser/Memorial	ID#			
Event Year Team	ID#	Event Title		ID#
Step 1: Donor Information				
This gift is from a Business or Organization/Found	lation OR	<u>This g</u>	ift is from an	Individual
Name of Business or Organization/Foundation		Prefix First Name	МІ	Last Name
Contact Name		Recognition Name (to dis	play on website)
Job Title				
Step 2: Email Address				
Email Address: Go green! Providing your email address lowers our cos We do not sell, rent, exchange or otherwise share you			tion or individ	dual.
Step 3: Optional Gift Information				
☐ Please make this gift ANONYMOUS (Only the participant will see your name.)		ease make this gift: In Memory Of In Honor Of Name		
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(Only the participant will see your name.) Step 4: Mailing Address Home Work Address City Step 5: Donation	State \$250	In Memory Of In Honor Of Name Zip Phone: Doi Apply to your company f	□ \$50 uble Your Department of a matching g	☐ Other \$

Please return this completed form with your donation to your participant, or send to: