

Walk/Run Donation Form

Cancer Resource Center Walkathon & 5K Run

Name (Person Making Donation): _____

Email Address: _____

I am sponsoring (participant's information):

Name: _____

Team Name: _____

TOTAL DONATION ATTACHED: \$ _____

Check # _____

Cash

Credit Card:

Card # _____

Security Code: ___ ___ ___ Exp. Date: ___/___/___ Zip Code: _____

THIS CARD HAS BEEN CHARGED w/ SQUARE: yes no (Initials: ___)

Mail to: CRCFL 612 W. State St., Ithaca, NY 14850 (Attn: Jyl Dowd)

If you need a receipt, cut on the dotted line. Thank you so much for your contribution!!!

Date: _____ **Donation Amount:** \$ _____

Name: _____

Event: Walkathon/5K Run

Thank you! crcfl.net

