



## Relay For Life of the Santa Clarita Valley 2009 Offline Donation Form

### Participant Information:

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Please Indicate Your Donation Amount Below:

\$500    \$250    \$100    \$50    \$25    Other Amount \_\_\_\_\_

**Please make your checks payable to: American Cancer Society**

Recognition Name: \_\_\_\_\_

Yes, make this an anonymous gift.

Personal Note: \_\_\_\_\_  
\_\_\_\_\_

Yes, my company participates in a Matching Gift program.

Company Name: \_\_\_\_\_

### Donor Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Please mail this completed form, along with your check, to the American Cancer Society address below. Please be sure to notify the Relay For Life participant that you are making a contribution on their behalf and sending it to the local American Cancer Society office.

**American Cancer Society  
Relay For Life  
25020 W. Avenue Stanford, #170  
Valencia, CA 91355**

