



Relay For Life

OF THE SANTA CLARITA VALLEY

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

