

# 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 (Volunteer 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](http://crcfl.net)**

