



DONATION SHEET

Participant's first name:	
Participant's last name:	
Address:	
City and State:	Zip:
Daytime phone:	Email:

Make checks payable to: **Komen Central Valley Race for the Cure**. Please do not collect cash. Note to donors: Please write the participant or team name on your check to ensure that credit is assigned to the intended participant. All donations must be received by Race Headquarters on or before **October 22nd** at 12:00pm in order to qualify for the **team awards** *(if turning donations in on October 21st or 22nd, they must be dropped off in person at a location TBA SOON!)* Please turn this sheet and donation money into your team captain. This Donation Form may be used by those who register as individuals OR Team participants.

	<u>Donor's First Name</u>	<u>Donor's Last Name</u>	<u>Donor's Address (Required)</u>	Total Enclosed <i>(please indicate if the donation is a \$200.00 challenge donation)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Enclosed				\$