



## 2017 Relay For Life of The Hudson River Communities Intake Form

Complete this form and turn one in EACH TIME you turn in donations.  
1 form per team member please.

If a donation is to be split among team members use one form and provide the breakdown

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

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

CASH

CHECKS

**Total of all donations:**                      \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL BEING TURNED IN TODAY** (add cash and check amounts together)

\$ \_\_\_\_\_

**Your donations will be added to the website once they are received and processed. Donations can be dropped off Monday – Friday 8:30am – 4:30pm or mailed to: American Cancer Society, 1 Penny Lane, Latham, NY 12110**

**For all checks being submitted with this form please enter check #, name and amount of check in the space below** (use back of sheet if additional space is needed)

<u>CHECK #</u>	<u>NAME ON CHECK, or for credit for cash</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**STAFF USE ONLY** (please use **RED** ink) **EAYABYRFL09**

Date received \_\_\_\_\_ Verified by \_\_\_\_\_ SubSource: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECKS: \_\_\_\_\_ CONVIO \_\_\_\_\_

Batch ID: \_\_\_\_\_ FedEx: \_\_\_\_\_ EMT \_\_\_\_\_

Bank Bag Number: \_\_\_\_\_ NOTES: \_\_\_\_\_