Relay For Life

Offline Donation Form

**Crediting Information:**

**Event Name:** Relay For Life of Happy Valley

**Participant Name:**

**Team Name:**

**Please indicate your donation amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donor Information:**

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

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you SO MUCH for your contribution!**

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

American Cancer Society

ATTN: Relay For Life of Happy Valley

1375 Martin St. Suite 206

State College, PA 16803

The American Cancer Society cares about your privacy and protects how we use your information. Your information will help us better serve your needs and the needs of your community, and we do not sell your information to third parties. For questions about our privacy policy, please visit www.cancer.org.