**Participant Information**

**Event Name:** Teens Conquering Cancer  
**Participant Name:** Amelia Cangialosi  
**Participant Cons ID:** 46415900  
**Team Name:** Team Biami

**Please Indicate Your Donation Amount Below:**

- $500  
- $250  
- $100  
- $50  
- $25  
- Other Amount:______

Please make your checks payable to: American Cancer Society

**Donor Information**

- **Name:**  
- **Address:**  
- **City:**________________________ State/Province:____________________  
- **Zip/Postal Code:**________________________  
- **Country:**________________________  
- **Phone Number:**________________________  
- **Email 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:** Teens Conquering Cancer - SK #5BEWWM  
7 Ridgedale Avenue, Suite 103  
New Orleans Office  
Cedar Knolls, NY 07927

*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.*