American Cancer Society
Offline Donation Form

Participant Information
Event Name: Relay For Life of Reno County
Participant Name: Tina Evans
Participant Cons ID: 43153406
Team Name:

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: Wichita Office
236 S Topeka St
Wichita, KS 67202

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.