American Cancer Society
Offline Donation Form

Participant Information

Event Name: 2020 Bank of America Chicago Marathon
Participant Name: Heather Wright
Participant Cons ID: 51238388
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: ATTN: 2020 Bank of America Chicago Marathon - SK
#DQSJSW
225 N Michigan Ave Ste 1200
Chicago Office
Chicago, IL 60601

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.