

**American Cancer Society
Offline Donation Form**

Participant Information

Event Name: 2008 Relay For Life of Parker County, TX

Participant Name: Linka Wallace

Participant Cons ID: 5645604

Team Name: ShapeXpress

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