American Cancer Society  
Offline Donation Form

**Participant Information**

**Event Name:** Relay For Life of Middlebury College  
**Participant Name:** Kathryn Bullen  
**Participant Cons ID:** 39379802  
**Team Name:** Middlebury Swimming & Diving

**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:** Relay For Life of Middlebury College  
55 Day Ln  
Williston, VT 05495

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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.