American Cancer Society
Offline Donation Form

Participant Information

Event Name: Relay For Life of Middlebury
Participant Name: In Memory of Pam Sands
Participant Cons ID: 47423063
Team Name: Ova Chicks

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

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.