



Offline Donation Form

Organizer Information

Team Name: _____

Team Captain's Name: _____

Team Captain's Email: _____

Please Indicate Your Donation Amount Below

\$500 \$250 \$100 \$50 \$25 Other Amount: _____

Donor Information

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Phone: _____

Email: _____

Thank you so much for your contribution!

Please mail this completed form, along with your check made payable to "American Cancer Society", to the American Cancer Society at the address below.

American Cancer Society
Attention: TSA/#4F7JYB
P.O. Box 2438
Kennesaw, GA 30156

The American Cancer Society cares about your privacy and protects how we use your information. Your information will help us better serve your needs of your community, and we do not sell your information to third parties. For questions about our privacy policy, please visit cancer.org.