DONATION SHEET

Participant's first name:	
Participant's last name:	
Team Name: *(if applicable)*	
Address:	
City and State:	Zip:
Daytime phone:	Email:

Make checks payable to: **Komen Central Valley Race.** Note to donors: Please write the participant or team name on your check to ensure that credit is assigned to the intended participant. **Team captains, all donations must be received by Race Headquarters on or before October 6th at 12:00pm to qualify for the team awards** *(If turning donations in on October 6th, they must be dropped off in person at:* ***TBA*** **Team members; please turn this sheet and all corresponding offline donations in to your team captain.** ***This form may also be used by INDIVIDUALS collecting donations.***

	Donor's First Name	Donor's Last Name	Donor's Address (Required)	Total Enclosed *(please indicate if the donation is a $200.00 challenge donation)*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
			Total Enclosed	$