

**American Cancer Society
Offline Donation Form**

Participant Information

Event Name: Relay For Life of Santa Clara

Participant Name: In Loving Memory of Stacey Souza

Participant Cons ID: 28266794

Team Name: TEAM HOPE

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 Santa Clara - FC7UPS
PO Box 2438
Kennesaw, GA 30156

Double Your Donation!

Did you know that thousands of companies match donations made by employees to organizations like ours? Please visit our matching gift page at www.cancer.org/matching to see if your company will match your gift and to access the forms, guidelines, and instructions that you need to submit your match.

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