

Walkathon Donation Form

Cancer Resource Center of the Finger Lakes

Name (Person Making Donation): _____

Email Address: _____

I am sponsoring (*participant's information*):

Name: _____

Team Name: _____

TOTAL DONATION ATTACHED: \$ _____

Check # _____

Cash

Credit Card:

Card # _____

Security Code: ___ ___ ___ Exp. Date: ___/___/___ Zip Code: _____

THIS CARD HAS BEEN CHARGED w/ SQUARE: yes no (Volunteer Initials: ___)

Mail to: CRCFL 612 W. State St., Ithaca, NY 14850

If you need a receipt, cut on the dotted line. Thank you so much for you contribution!

Date: _____ **Donation Amount:** \$ _____

Name: _____

Event: Walkathon

Thank you! crcfl.net



United Way
of Tompkins County
Funded Partner