

Your American Cancer Society Thanks You For Joining the Fight Against Cancer!



RECEIPT FORM

(PLEASE PRINT)

Cash Check

() Dr. () Mr. () Mrs. () Ms. () Miss

Last Name _____

First Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

For Cancer Information call
1-800-ACS-2345 or
visit www.cancer.org

This donation represents a **cash** contribution for:

Participant's Name: _____

Amt Received \$ _____

Date Received _____

Received By: _____

Team Name (if applicable) _____

Donor - White Copy ACS - Yellow Copy

An official receipt and thank you letter will be issued provided donor information is complete.

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