

**2011 Cancer Kicker domiNATION**  
**Donation Form**  
**Please Print and Use Pen**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How would you like your name(s) to appear on the receipt:

\_\_\_\_\_

Which participant/team would you like your gift to support:

\_\_\_\_\_

Donors can choose to be recognized on the Participant's pledge page. Please confirm how you would like to be recognized on the 'honor roll' scroll:

Recognition From: \_\_\_\_\_ Donor Name \_\_\_\_\_ Anonymous

Recognition Type: \_\_\_\_\_ In Honor of \_\_\_\_\_ In Memory of  
\_\_\_\_\_ No Recognition Type

Recognition To: \_\_\_\_\_

Yes, I would like to show my donation amount scrolling on the participant's web page.

No, I would not like to show my donation amount scrolling on the participant's web page.

**PAYMENT INFORMATION**

**(Please make checks payable to the "University of Michigan")**

Enclosed is my donation of: \$ \_\_\_\_\_ check # \_\_\_\_\_

Please Charge my donation (check one):

MasterCard  VISA  American Express  Discover

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

Signature (required): \_\_\_\_\_

**Mail check/credit card information with this form to:**

**Cancer Kicker domiNATION**  
**c/o UMCCC Office of Development**  
**2800 Plymouth Road, Bldg. 100**  
**Ann Arbor, MI 48109-2800**