race FOR THE cure GLOBAL
susan g. komen

Team Donation Form

Team Name: _____

Team Code: _____

(Both Team Name and Team Code are required and can be found in your online Participant Center.)

CONTACT INFORMATION FOR PERSON SUBMITTING FORM:
(These donations will be applied to your team's fundraising account and **not** your individual fundraising account.)

First Name: _____ Last Name: _____

Address: _____ Apt./Floor/Suite: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone (Day): [ ][ ][ ] . [ ][ ][ ] . [ ][ ][ ][ ]

BEFORE YOU SUBMIT THIS FORM...

❏ Make sure you enter your team name and team code at the top of this form. Without this information, your donations will not be posted to your team account. (Your team code was e-mailed to you along with this form. You can also find it by logging in to your Participant Center.)

❏ No cash or credit card donations allowed. (US check or money order donations only, please. Credit card donations may be made online.)

❏ Staple all checks to this form.

❏ Checks should be made payable to "Komen Global Race for the Cure."

❏ **BUNDLE COMPLETED DONATION FORM(S) AND CHECK(S) AND MAIL TO THE ADDRESS BELOW. PLEASE <u>DO NOT</u> SEND YOUR DONATION VIA FEDEX OR OTHER OVERNIGHT DELIVERY METHODS. SUSAN G. KOMEN GLOBAL RACE FOR THE CURE®**
   PO BOX 952291
   DALLAS, TX 75395-2291

IMPORTANT DETAILS ABOUT TEAM FUNDRAISING

• The donations you submit with this form will be applied to your team fundraising account and <u>not</u> your individual fundraising account, thus they will not count towards individual fundraising rewards. If you would like these donations credited to an individual fundraising account, please use an individual donation form instead.

• Your team fundraising totals will be based on:
   • Donations made to your team fundraising account.
   • Donations made to individual team members' accounts. Individuals must be officially registered as team members in order for their donations to count towards their team total.

• If your team is competing for "Top Fundraising Team" recognition within your team division, please note the following deadlines:
   • BY MAIL (Monday, May 24): This is the last day to postmark donation forms (either individual or team forms) to be considered for "Top Team Fundraiser" recognition.
   • IN PERSON @ LATE REGISTRATION (By Wednesday, June 2): You may submit donations (either individual or team donation forms) in-person at Late Registration by the end of day on Wednesday in order to be considered for "Top Team Fundraiser" recognition.
   • ONLINE (Wednesday, June 2): This is the last day for your donors to make online donations to your team account for them to count towards "Top Team Fundraiser" recognition.
   • Check online for current team fundraising rankings by team division.

• You may also collect team donations online at GlobalRacefortheCure.org. It's fast & easy!

Tax ID# 75-1835298

Please complete one entry for every check. Be sure to provide only one donor name per check, as we cannot split one check among multiple donors. All donors will receive a receipt via e-mail, only if an e-mail address is provided. Include a full mailing address, including zip code, for receipt purposes.

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

Donor Name: _____ Amount: _____
Address: _____ Apt./Floor/Suite: _____
City: _____ State: _____ Zip: _____
Check Number: _____ E-mail: _____

For additional Team Donation Forms, please visit:
GlobalRacefortheCure.org > Participant Info > Teams > Team Captain Tools

TOTAL _____