

American Cancer Society  
Offline Donation Form  
**Relay For Life of BU**

**Participant Information**

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

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

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: BU RFL  
9 Riverside Rd  
Weston, MA 02493