

American Cancer Society Offline Donation Form

Participant Information

Event Name: 2012 Columbus Nationwide Marathon, Columbus Ohio, DetermiNation

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: (Please fill out completely to receive your tax deductible donation receipt)

Name: _____

Address: _____

City: _____

State: _____

Zip Code/Postal _____ -

Country: _____

Phone Number _____

E-mail _____

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: Columbus Nationwide DetermiNation/Meggie Feran
5555 Frantz Road
Dublin, OH 43017

The American Cancer Society cares about your privacy and protects how we use your information. Your information will help us better serve your needs and the needs of your community and we do not sell your information to third parties.