

PARTICIPANT DONOR FORM

IMPORTANT: You must enclose this form with every batch of funds you submit to the Accounting Center at Paycor. Without this identification, we will not be able to credit these funds to your fund raising total.

Participant Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Leukemia & Lymphoma Society Chapter: Washington/Alaska Chapter

Team or Region Name:	Anchorage	Bellingham	Seattle	Spokane	Tacoma
List Event:	_____				
Circle Sport:	Run	Walk	Cycle	Triathlon	

In the box below, summarize your enclosed donations.

# of Donations Enclosed	Payment Type	TOTAL AMOUNT
_____	Checks/Money Order	\$ _____
_____	Credit Card	\$ _____
_____	Grand Total	\$ _____

MATCHING GIFTS: Matching Gift Forms, and applicable copies of donations being matched, should be sent directly to your Chapter Office. If received at Paycor, these will be forwarded to the Chapter, which will result in a delay in processing your match form.

Make additional copies of this sheet as needed- copy completed forms for your files.