



Offline Donation Form

I/we would like to make a donation of:

\$500 \$250 \$100 \$50 \$25 Other Amount: \$ _____

This donation is:

- In support of an individual participant A general donation to a team A general donation to the event

Participant's Name: _____

Team Name: _____

Donor information:

Title Mr. Ms. Mrs. Other
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Payment method (please do not mail cash):

Please charge \$ _____ to my account Visa MC Discover AMEX

Name on credit card _____
Credit card number _____ Exp. _____ CVV Code: _____
Signature _____

I am enclosing a check for \$ _____ payable to Emerson Healthcare Foundation
Attn: Run~Walk for Cancer, Emerson Healthcare Foundation, 133 Old Road to Nine Acre Corner, Concord, MA, 01742

Thank you for your contribution!

All gifts are tax-deductible to the full extent of the law. Tax ID: 04-2770980