

**American Cancer Society  
Relay For Life of Monroe County  
Mail-In Donation Form**

**Event/Participant Information**

Event Name: Relay For Life of Monroe County

Society Key: V9Z6YU

Participant Name to credit if applicable: \_\_\_\_\_

Team Name to credit if applicable: \_\_\_\_\_

**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: \_\_\_\_\_

Zip 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 contributing on their behalf and sending it to the local American Cancer Society office.

**American Cancer Society  
PO Box 10069  
Detroit, MI 48210**

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. For questions about our privacy policy, please visit [www.cancer.org](http://www.cancer.org)

**No goods or services were exchanged for this donation.**

"The information enclosed describes one or more of the American Cancer Society, Inc.'s activities. Your gift is very much appreciated and tax deductible as a charitable contribution to the fullest extent allowed by law. A copy of our latest financial report may be obtained at [www.cancer.org](http://www.cancer.org) or by calling 1.800.227.2345."