

American Cancer Society Offline Event Donation Control Form

Please include with all non-website donations to ensure accurate accounting for your team and individual fundraising.

(Teams & Participants must be registered in order to receive credit.)

Event Name/Location:					Lawson Code:					
Event Type:	☐ Relay For Life ☐	Making Strides	Other:							
Team Name:				Team Captain:						
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Participant N	lame/Team Fundraising Activity		n Description	Cl-	Ob a als	Credit Card	\$ AMOUNT	Divide Evenly Among Team (Y/N)		
		(luminaria, spon	sor, registration, etc.)	Cash	Check	Credit Card				
						TOTAL				
Date Received:						TOTAL AMOUNT:]		
Submitter's Signature				Addition	Additional Comments:					
ACS Staff / I	Representative Signatur									
/ NOO Oldii / I	roprocentative eignatur									
ACS Staff P	hone Number or Email A	Address								
DATA ENTRY:										
☐ Completed b☐ Completed b										
Date: By:									,	
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