

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

Event/Participant Information

Event Name: Relay For Life of Milan

Society Key: Y6QHFA

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

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 or by calling 1.800.227.2345."