



**American Cancer Society
Offline Donation Form**

Participant Information

Event Name: RFL FY08 GL Marion County IUPUI IN

Participant Name: Holly N Kloss

Participant Cons ID: 2899558

Team Name: AMSA

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/Province: _____

Zip/Postal 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. You can find the office mailing address by returning to the participant's personal page, which has the local American Cancer Society office address listed at the bottom. Please be sure to notify the Relay For Life participant that you are making a contribution on their behalf and sending it to the local American Cancer Society office.