

DONATION SUBMISSION FORM



Please complete and submit this entire form with all checks/money orders, made payable to St. Jude Children's Research Hospital.® Return in the envelope provided. Please submit donations via check or money order only.

Total Donation Amount Enclosed: _____ Source Code:* _____

*Provide source code if label is not used below. See Step 6.

of Participants Turning in Money: _____ Date of Event: _____

E-mail:** _____

**Please ensure that your e-mail address is accurate. This e-mail address will be used to send your prize ordering instructions.

APPLY YOUR PROVIDED RETURN ADDRESS LABEL IN THE SECTION BELOW.
(Complete this section only if the label is not used.)

School Name: _____

Coordinator: _____ Phone: (____) _____

School Address: _____

City: _____ State: _____ ZIP: _____

IMPORTANT!

The information you provide on this form is needed for us to compile all of the data required by our CPA and various regulatory agencies. Please sign and date below.

Coordinator's Signature _____ *Date*

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