

# Donation Submission Form Spring 2010

**You must enclose this form with every batch of funds you submit to the accounting office.** Without this identification, we will not be able to credit these funds to your fundraising total! Photocopy this form and all checks for your own records before submitting.

**Checks should be made payable to LLS.** Write your name, team, sport and "Greater SF Chapter" (for SF, Marin and East Bay teams) or "RWC Branch" (for Redwood Wine Country and Solano teams) in the memo section of each check

**Send completed form and donations to:** LLS, Greater SF Bay Area, Dept. 908, PO Box 145900, Cincinnati, OH 45250.

**For extra copies of this form,** visit [www.tntanswercentersf.org](http://www.tntanswercentersf.org) and click on "Mailing in Checks".

**Date Submitted** \_\_\_\_\_ *Please note: if your address has changed, notify your team manager directly.*

**Name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, ST, Zip:** \_\_\_\_\_

Check your <b>Event, Team and Sport:</b>	
<b>Cycle:</b>	<i>Event:</i> <input type="checkbox"/> America's Most Beautiful Bike Ride <input type="checkbox"/> Seattle to Portland <input type="checkbox"/> Death Ride <i>Team:</i> <input type="checkbox"/> SF Bay Area <input type="checkbox"/> RWC <input type="checkbox"/> Death Ride
<b>Hike:</b>	<i>Event:</i> <input type="checkbox"/> Grand Canyon <input type="checkbox"/> Grand Adventure <input type="checkbox"/> Yosemite <i>Team:</i> <input type="checkbox"/> SF Bay Area <input type="checkbox"/> RWC
<b>Triathlon:</b>	<i>Event:</i> <input type="checkbox"/> Wildflower <input type="checkbox"/> Escape From Alcatraz <input type="checkbox"/> South Maui <i>Team:</i> <input type="checkbox"/> SF/Marin <input type="checkbox"/> East Bay <input type="checkbox"/> RWC <input type="checkbox"/> Solano
<b>Marathon:</b>	<i>Event:</i> <input type="checkbox"/> Avenue of the Giants <input type="checkbox"/> RNR San Diego <input type="checkbox"/> RNR Seattle <input type="checkbox"/> Skyline 50k <i>Team:</i> <input type="checkbox"/> SF/Marin <input type="checkbox"/> SF Bay Area <input type="checkbox"/> Marin Midweek <input type="checkbox"/> Bay Side <input type="checkbox"/> Diablo Valley <input type="checkbox"/> RWC <input type="checkbox"/> Solano <i>Sport:</i> <input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Run/Walk <input type="checkbox"/> Ultra

# Donations	Payment Type	Total Amount
_____	Checks	\$ _____
_____	Credit Card <i>Visa, MC and AmEx only</i>	\$ _____
_____	<b>Grand Total</b>	\$ _____

- **DO NOT STAPLE OR TAPE CHECKS**
- **DO NOT SEND PLEDGE CARDS OR MATCHING GIFT FORMS TO PAYCOR**  
Send matching gift contributions and forms to the chapter office: 1390 Market St Ste 1200, San Francisco, CA 94102.
- **DO NOT SEND POSTDATED CHECKS**  
Submit these when the check date is valid.
- **DO NOT SEND CHECKS DATED THREE MONTHS OR OLDER**  
These checks will not be accepted by the bank and will be returned. It is important to submit your donations on time.
- **DO NOT SEND CASH**  
Convert cash and foreign checks/currency into a check payable to LLS. Complete the Cash Donation section (the second sheet of this packet) to ensure proper donor acknowledgement. Paycor will not be liable for lost or stolen cash.

For cash donations, please convert the cash donation and any foreign currency into a check or money order. Complete below form to ensure proper acknowledgement of the gift. Make additional copies of this sheet as needed and please make sure to copy the completed forms for your files.

**Cash donation details on this sheet should only be filled out if:** 1) you received cash or foreign currency that you have converted to your personal check, or 2) you have donors who do not have an address listed on their check, or 3) you have donors who have a different address than what is listed on their check.

**CASH DONATION INFORMATION**

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Check #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Donor Phone #: \_\_\_\_\_ Donor Email: \_\_\_\_\_

NAME: \_\_\_\_\_ EVENT: \_\_\_\_\_ CHAPTER: Greater SF Bay Area

Make additional copies of this sheet as needed and please make sure to copy the completed forms for your files.

**CREDIT CARD INFORMATION**

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Amt: \$ \_\_\_\_\_