



## DONATION SUBMISSION INSTRUCTIONS

The Leukemia & Lymphoma Society utilizes Paycor, an accounting center based in Cincinnati, Ohio to process Team In Training contributions. Attached is the Donation Submission Form, which you will complete and send in to the Accounting Center with your donations.

- Page one of the Donation Submission Form is a summary page that identifies you, your chapter, the event you are participating in, and gives a total of the donations enclosed.
- Page two of the Donation Submission Form is the Credit Card Donation section to list all information for credit card donations.
- Page three of the Donation Submission Form is the Cash Donation section. Use this form **ONLY** to record donor information for cash contributions that have been converted into your personal check or money order, and/or for listing donor information that is not provided on a check (i.e., no address, or change of address.)

**Instruct your contributors to forward all donations directly to you. Do not have your contributors send donations directly to the Accounting Center.**

**In order to effectively process your contributions and to ensure accurate and timely postings to your account, it is important that you closely follow the instructions outlined below.**

### Handling Contributions

- 1) **Cash Contributions:** **DO NOT SEND CASH! Convert cash contributions and any foreign checks/currency** into a check or money order (payable to The Leukemia & Lymphoma Society). Complete the Cash Donation section of the Donation Submission Form for all cash contributions to ensure proper acknowledgment of the gift. The Paycor Accounting Center will not be liable for any lost or stolen cash donations.

**Foreign Checks/Currency: by definition means any check that is drawn off of a NON-US Bank, OR does not have US dollars imprinted on the check. (“US Dollars” may not be hand written on the check). You are responsible for converting this type of donation into US dollars**

- 2) **Check Contributions:** Enclose your checks with page one of the Donation Submission Form and mail to the Accounting Center address provided by your Chapter.

- **DO NOT: STAPLE OR TAPE CHECKS.**
- **DO NOT: SEND DONOR FORMS OR PLEDGE CARDS TO PAYCOR.**

- **DO NOT: SEND POSTDATED CHECKS-** submit these when the check date is valid.
- **DO NOT: SEND CHECKS DATED 6 MONTHS OR OLDER-**these checks will not be accepted by the bank and will be returned. It is important to send in your donations in a timely manner.

- 3) **Credit Card Contributions:** Complete the Credit Card Donation section of the Donation Submission Form for all credit card contributions. Be very careful to be accurate and complete when copying the credit card information (account number, expiration date, \$ amount), as errors will result in denied approval. **DO NOT SEND** donor pledge cards to the Accounting Center – keep them for your records Visa, MasterCard, Discover and American Express credit cards are accepted.
- 4) **Matching Gift Contributions:** Please send all matching gift contributions and forms directly to your LLS Chapter Office. If sent to the Accounting Center, they will be forwarded to your Chapter Office, which will result in a delay in processing.

### Forwarding Contributions to the Accounting Center

- 1) Accumulate your contributions and forward them to the Accounting Center. Your chapter will supply you with the mailing address to submit your donations. **It is extremely important that you use the Post Office Box Number assigned to your Chapter.** Be sure to use sufficient postage.

**Please Note: DO NOT SEND YOUR DONATIONS VIA UPS or FEDEX - they will not deliver to a Post Office Box address.** You may use Express Mail or Certified Mail through the Post Office.

**You must allow 7-10 business days from the time you mail in your donations for them to be posted to your account.**

- 2) Maintain a listing of your contributors until you receive your statement, in order to verify that all of your contributions have been properly posted to your account. We suggest you keep copies of your checks, money orders, etc. for your records.
- 3) Please review checks to ensure they are signed and dated.
- 4) **VERY IMPORTANT: To ensure timeliness and accuracy, please use only the Donation Submission Form attached to submit your donations to the Accounting Center. Do not send any listings, donor pledge cards, donor letters, etc. to the Accounting Center. These items are not necessary and add to your mailing costs. Keep these on file for your own records.**

# DONATION SUBMISSION FORM

**IMPORTANT:** You must enclose this form with every batch of funds you submit to the Accounting Center at Paycor (address below). Without this identification, we will not be able to credit these funds toward your fund raising goal.

Participant Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Leukemia & Lymphoma Society Chapter: Greater San Francisco Bay Area

Circle Sport:	<b>Run</b>	<b>Walk</b>	<b>Hike</b>	<b>Cycle</b>	<b>Tri</b>	<b>Other</b>
Write Event:	_____					
	(For example: Nike Women's Marathon)					

**In the box below, summarize your enclosed donations.**

<b># of Donations Enclosed</b>	<b>Payment Type</b>	<b>TOTAL AMOUNT</b>
_____	Checks/Money Order	\$ _____
_____	Credit Card	\$ _____
_____	<b>Grand Total</b>	\$ _____

**Matching Gift Contributions:** Please send all matching gift contributions and forms directly to your LLS Chapter Office. If sent to the Accounting Center, they will be forwarded to your Chapter Office, which will result in a delay in processing.

The Leukemia & Lymphoma Society  
Greater San Francisco Bay Area Chapter  
**Dept. # 908**  
**P.O. Box 145900**  
**Cincinnati, OH 45250**

**Make additional copies of this sheet as needed. Copy completed forms for your files.**

## CREDIT CARD DONATION INFORMATION

**IMPORTANT: Account number and expiration date must be complete for credit card donations to be processed.**

Your Name: \_\_\_\_\_ Chapter: GSFBA Event: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Donor Full Name: \_\_\_\_\_

Donor Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Donor Full Name: \_\_\_\_\_

Donor Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Donor Full Name: \_\_\_\_\_

Donor Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Donor Email: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Donor Full Name: \_\_\_\_\_

Donor Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Donor Email: \_\_\_\_\_

**Make additional copies of this sheet as needed. Copy completed forms for your files.**

## CASH DONATION INFORMATION

**IMPORTANT:** For cash donations, please convert the cash donation and any foreign currency into a check or money order. In order for a cash donor to receive proper acknowledgement, full name and home address must be complete below. If cash donor information is not included, the donation will be attributed to the name on the check.

Your Name: \_\_\_\_\_ Chapter: GSFBA Event: \_\_\_\_\_

Amount: \$ _____	Your check/money order # _____
Donor Full Name: _____	
Donor Home Address: _____	
City: _____	State: _____ Zip Code: _____
Phone No: _____	Donor Email: _____

Amount: \$ _____	Your check/money order # _____
Donor Full Name: _____	
Donor Home Address: _____	
City: _____	State: _____ Zip Code: _____
Phone No: _____	Donor Email: _____

Amount: \$ _____	Your check/money order # _____
Donor Full Name: _____	
Donor Home Address: _____	
City: _____	State: _____ Zip Code: _____
Phone No: _____	Donor Email: _____

Amount: \$ _____	Your check/money order # _____
Donor Full Name: _____	
Donor Home Address: _____	
City: _____	State: _____ Zip Code: _____
Phone No: _____	Donor Email: _____

**Make additional copies of this sheet as needed. Copy completed forms for your files.**