

TEAM 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 Team Members.

Team Name: _____ Team Captain: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Event Name: _____

In the box below, list each Team Member's name (including your own) and the amount to be allocated to each account from this submission.

Team Member #1 _____	Amount Allocated \$ _____
Team Member #2 _____	Amount Allocated \$ _____
Team Member #3 _____	Amount Allocated \$ _____
Team Member #4 _____	Amount Allocated \$ _____
Team Member #5 _____	Amount Allocated \$ _____
Team Member #6 _____	Amount Allocated \$ _____
Team Member #7 _____	Amount Allocated \$ _____
Team Member #8 _____	Amount Allocated \$ _____
Team Member #9 _____	Amount Allocated \$ _____
Team Member #10 _____	Amount Allocated \$ _____
Number of donations enclosed: _____	Grand Total \$ _____

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.