Team In Training
Fundraiser Information Form

Provide this form to the business, along with a 501 (c)(3) status letter (obtain from your team manager)

Fundraiser donation instructions

Participant:

a. Complete as much of the information below as applicable.
b. Provide this form and the 5 (c)(3) letter to the business hosting your fundraising event.

Business:

c. Please make the check payable to The Leukemia & Lymphoma Society.
d. Send the check to either the participants address, or to
The Leukemia & Lymphoma Society at:
675 N. First St., Suite 1100
San Jose, CA 95112
e. Please write the participant name on the check.

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Region: _____ Sport: _____

Season: _____ Event: _____

Fundraising Event Information

Business Name: _____

Business Street Address: _____

Business City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____

Date of Fundraising Event: _____

Location of Event (please circle one): Restaurant Bar Private Club Other: _____

Brief Description of Event:

Donation amount (if known): $ _____

Date to be sent: _____