FUNDRAISER DONATIONS FORM

Name: _____ Phone Number: _____ E-mail Address: _____

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The full name and address of each donor must be listed below in order for them to receive a tax receipt. Thank you!

Supporter Name	Address	Phone Number	Cash/Check	Amount Sponsored
			TOTAL	$

Your donation is 100% tax deductible. Please make checks payable to The DONNA Foundation and mail with a copy of this donation form to **11762 Marco Beach Drive, Suite 6, Jacksonville, FL 32224**. The full name and address of the supporter must be listed above in order to issue a tax receipt. For more information, visit www.breastcancermarathon.com. Thank you for your contribution!

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