



# FUNDRAISER DONATIONS FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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
			<b>TOTAL</b>	<b>\$</b>

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](http://www.breastcancermarathon.com). Thank you for your contribution!

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