



CRUISIN'  
FOR **ST. JUDE**®

# Donation Submission Form

P.O. Box 1999 | Memphis, TN 38101

Please complete and submit this entire form with all checks/money orders, made payable to St. Jude Children's Research Hospital.® Return in an envelope. **Please submit donations via check or money order only.**

Total Donation Amount Enclosed: \_\_\_\_\_ Event Code:\* \_\_\_\_\_

\*Provide source code if label is not used below. Refer to Step 3.

Number of Participants Turning in Money: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Email:\*\* \_\_\_\_\_ Type of Event Coordinated: \_\_\_\_\_

\*\*Please ensure that your email address is accurate. This email address will be used to send your prize ordering instructions.

Event Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## IMPORTANT!

The information you provide on this form is needed for us to compile all of the data required by our CPA and various regulatory agencies. Please sign and date below.

\_\_\_\_\_  
*Coordinator's Signature*

\_\_\_\_\_  
*Date*



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