

CRUISIN' FOR **ST. JUDE**®

Donation Submission Form

Date

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Total Donation Amount Enclosed:_	Event Cod	*Provide source code if label is not used below. Refer to Step 3.
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		vent Coordinated:
**Please ensure that your ema	il address is accurate. This email address will b	e used to send your prize ordering instructions.
Event Town:	County:	State:
Coordinator:		Phone:()
		e: ZIP:
regulatory agencies. Please sign	· · · · · · · · · · · · · · · · · · ·	all of the data required by our CPA and various Date
St. Jude Children's Research Hospital Finding cures. Saving children.	CRUISIN' FOR ST. JUDE ®	
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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