## **Donation Submission Form**



Please complete this entire form with all checks/money orders, made payable to St. Jude Children's Research Hospital® and return in the provided postage paid envelope to P.O. Box 1999, Memphis, TN 38101. Please submit offline donations via check or money order only. Please do not submit cash.

Total Donation Amount Enclosed:	Event Code:*  *If you do not know your event code, please call 1-800-457-2444.
# of Participants Turning in Money:	
Fmail·**	
**Please ensure that your email address is	accurate. This email address will be used to send your prize ordering instructions.
PLEASE PROVIDE YOUR RE	TURN ADDRESS IN THE SECTION BELOW.
Organization Name:	
Coordinator:	Phone: ()
Address:	
City:	State: ZIP:
IM	PORTANT!
	m is needed for us to compile all of the data required by atory agencies. Please sign and date below.
Coordinator's Signatu	re Date
stjude.org	
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Total Donation Amount Enclosed:# of Participants Turning in Money:Email:**	return in the provided postage paid envelope to P.O. Box 1999, pations via check or money order only. Please do not submit cash.  Event Code:*  *If you do not know your event code, please call 1-800-457-2444.
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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

stjude.org

Date