

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: _____ Date of Event: _____

Email:** _____

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

PLEASE PROVIDE YOUR RETURN ADDRESS IN THE SECTION BELOW.

Organization Name: _____

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

stjude.org

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