



SADDLE UP
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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