



TEAM UP for ST. JUDE®
Spirited by Varsity

501 St. Jude Place, Memphis, TN 38105 | stjude.org/teamup | 901-572-6933 | varsity@stjude.org

Donation Submission Form

Complete and submit this entire form with all checks/money orders, made payable to St. Jude Children's Research Hospital.® Return in the envelope provided. Please do not submit cash. **Thank you for your support!**

Total Donation Amount Enclosed: _____ Source Code:* FCVZ ____ DO18

*Please write your source code on check(s) being turned in. *If you do not know your source code, please call 1-309-572-6933

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.

School Name: _____

Coordinator: _____ Phone: (_____) _____

School 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

Payment Method

☐ Check payable to St. Jude Children's Research Hospital

☐ VISA ☐ MC ☐ DISC ☐ AMEX

Card #: _____ Exp. Date: _____

Cardholder Name: _____

This form can be submitted by mail or hand-delivery. To protect your credit card information, do not submit this form via email.