



**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 \_\_\_\_ DO17

\*If you do not know your source code, please call 1-901-572-6933.

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.