

## DONATION SUBMISSION FORM



**St. Jude Children's  
Research Hospital**

ALSAC • Danny Thomas, Founder  
*Finding cures. Saving children.*

### DONATION SUBMISSION FORM

***Cruisin' for St. Jude®***

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 the envelope provided. Please submit donations via check or money order only.

Total Donation Amount Enclosed: \_\_\_\_\_ Source Code:\* \_\_\_\_\_  
\*Provide source code if label is not used below. Refer to Step 5.

Number 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.

**APPLY YOUR PROVIDED RETURN ADDRESS LABEL IN THE SECTION BELOW.**

(Complete this section only if the label is not used.)

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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Please let us know when you want to conduct your event next year. Month \_\_\_\_\_ Date \_\_\_\_\_  
Thank you for your support! We will be in touch with you about your next event.

COMMENTS ABOUT YOUR CRUISIN' FOR ST. JUDE EVENT:

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List Key Volunteer Name(s)	Address	Phone	Email

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