



Martial Arts 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:* _____
of Participants Turning in Money: _____ Date of Event: _____
*Provide source code if label is not used below. Refer to Step 7.

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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Donation Submission Form



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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 *MARTIAL ARTS FOR ST. JUDE* EVENT:

<i>List Key Volunteer Name(s)</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>

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