



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

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

## DONATION SUBMISSION FORM

### *Saddle Up® 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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## Saddle Up<sup>®</sup> for St. Jude

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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 *SADDLE UP FOR ST. JUDE* EVENT:

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List Key Volunteer Name(s)	Address	Phone	Email

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