



Special Events 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:** _____ Type of Event Coordinated: _____

****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

DONATION SUBMISSION FORM



Special Events 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:** _____ Type of Event Coordinated: _____

****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



Special Events for St. Jude™

P.O. Box 1999 | Memphis, TN 38101

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 *SPECIAL EVENTS FOR ST. JUDE* EVENT:

List Key Volunteer Name(s)	Address	Phone	Email

©2014 ALSAC/St. Jude Children's Research Hospital (16725) GEN010115

DONATION SUBMISSION FORM



Special Events for St. Jude™

P.O. Box 1999 | Memphis, TN 38101

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 *SPECIAL EVENTS FOR ST. JUDE* EVENT:

List Key Volunteer Name(s)	Address	Phone	Email

©2014 ALSAC/St. Jude Children's Research Hospital (16725) GEN010115