



## OFFLINE FUNDRAISING FORM

**Name:**

**Team Name:**

**Email Address:**

**Phone:**

\* To ensure proper credit is given, please ensure the check has the donor name and address, and the check memo includes Race registrant name to donate towards. If notated below, the donation will count towards the team instead of an individual participant. \*

Donor Information	Payment Information
Name: Address: City/State/Zip: Email:	Check Number: Donation Amount: Team Gift Only?
Name: Address: City/State/Zip: Email:	Check Number: Donation Amount:
Name: Address: City/State/Zip: Email:	Check Number: Donation Amount:

Fundraising Total: \_\_\_\_\_

**Thank You For Your Contribution**

**Mail this form and your check (please do not send cash) to:**

Komen Greater NYC Race for the Cure

246 West 38th Street, Suite 503

New York, NY 10018