

Donation Record*

Entrant's Name: _____

In honor of the entrant's participation in the Celebration of Life Women's Triathlon, I/we wish to make a gift in support of the fight against breast cancer. My check is made payable to: "SNMH Foundation/Millar Fund." Individual donations may be made to the BSM Fund by contacting the SNMH Foundation at the address below.

**Though not a requirement to enter, participants are encouraged to collect donations from their friends and relatives to further support the fight against breast cancer.*

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Please submit Donations and this Donation Record at Packet Pick-Up, or mail to Celebration of Life Women's Triathlon, P.O. Box 1810, Grass Valley, CA 95945. All gifts are tax deductible. Please photo copy this form to add more donors.

Donation Record*

Entrant's Name: _____

In honor of the entrant's participation in the Celebration of Life Women's Triathlon, I/we wish to make a gift in support of the fight against breast cancer. My check is made payable to: "SNMH Foundation/Millar Fund." Individual donations may be made to the BSM Fund by contacting the SNMH Foundation at the address below.

**Though not a requirement to enter, participants are encouraged to collect donations from their friends and relatives to further support the fight against breast cancer.*

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Please submit Donations and this Donation Record at Packet Pick-Up, or mail to Celebration of Life Women's Triathlon, P.O. Box 1810, Grass Valley, CA 95945. All gifts are tax deductible. Please photo copy this form to add more donors.

Donation Record*

Entrant's Name: _____

In honor of the entrant's participation in the Celebration of Life Women's Triathlon, I/we wish to make a gift in support of the fight against breast cancer. My check is made payable to: "SNMH Foundation/Millar Fund." Individual donations may be made to the BSM Fund by contacting the SNMH Foundation at the address below.

**Though not a requirement to enter, participants are encouraged to collect donations from their friends and relatives to further support the fight against breast cancer.*

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Donor Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Amount: _____ Cash • Check (circle one)

Please submit Donations and this Donation Record at Packet Pick-Up, or mail to Celebration of Life Women's Triathlon, P.O. Box 1810, Grass Valley, CA 95945. All gifts are tax deductible. Please photo copy this form to add more donors.