



Donor Record

ENTRANTS 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"

DONOR NAME: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Email Address: _____

Amount: _____ Cash or Check (circle one)

DONOR NAME: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Email Address: _____

Amount: _____ Cash or Check (circle one)

DONOR NAME: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Email Address: _____

Amount: _____ Cash or Check (circle one)

Individual donations may be made to the Barbara Schmidt-Millar Memorial Fund by contacting the Sierra Nevada Memorial Hospital Foundation (www.supportsierranevada.org).

Please print this Donation Record and submit Donations at the Event Expo/Package Pick-Up

OR

Mail to:

Celebration of Life Women's Triathlon

P.O. Box 1810,

Grass Valley, CA 95945

All gifts are tax deductible.

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.