



# Support me as a Community Partner

Participant Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Team Name: \_\_\_\_\_

**Yes!** I will make a gift of:  
(select amount below or indicate other amount)

\$250.00     \$75.00     \$25.00     Other: \$ \_\_\_\_\_

\$100.00     \$50.00     \$10.00

*Please make check payable to Huntsman Cancer Foundation*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you so much** for providing the much-needed funds for cancer research and helping us continue the lifesaving work being done at Huntsman Cancer Institute.

Mail this form and check to:



Huntsman Cancer Foundation  
Attn: Community Partner  
500 Huntsman Way  
Salt Lake City, UT 84108