



# SUPPORT ME AS A HUNTSMAN HERO

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

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

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

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

- \$250.00     \$100.00     \$50.00     \$10.00  
 \$150.00     \$75.00     \$25.00     Other: \$\_\_\_\_\_

*Please make check payable to Huntsman Cancer Foundation*

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

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

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

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

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

**THANK YOU!**

You are providing critical funds to fuel cancer research and advance the lifesaving mission of Huntsman Cancer Institute.

Mail this form and check to:  
**Huntsman Cancer Foundation**

Attn: Huntsman Heroes  
500 Huntsman Way  
Salt Lake City, UT 84108

