



# Support me as a Park City PowderFest Participant!

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

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

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*

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

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

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

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

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

**Thank you so much** for providing critical funds to support the mission of Huntsman Cancer Institute and helping us continue the lifesaving work.

Mail this form and check to:  
**Huntsman Cancer Foundation**  
Attn: Park City PowderFest  
500 Huntsman Way  
Salt Lake City, UT 84108

