PARTICIPANT FUNDRAISING FORM

4th Annual Paint El Paseo Pink

Saturday, October 9, 2010 – The Gardens on El Paseo

Make a difference in the fight against breast cancer today!

Note: Use this form to track your offline donations and submit with monies received.

PARTICIPANT FUNDRAISING PLEDGE FORM

Desert Healthcare District will match every pledge.
Your $100 pledge means $200 will benefit Desert Cancer Foundation clients.

Individual Participant Name:		
Team Name (if applicable):		
Address (no P.O. Boxes please):		
City:	State:	Zip:
Telephone:	E-mail:	

DONOR NAME	DONOR ADDRESS (Street, City, State & Zip)	PHONE NUMBER & E-MAIL	DONATION AMOUNT

Make checks payable to: Desert Cancer Foundation. The cancelled check is the donor's receipt.
For more information, call 760-773-6554, or go to http://www.desertcancerfoundation.org
Register online at www.firstgiving.com/desertcancerfoundation.
All funds benefit clients of Desert Cancer Foundation.
Contributions are tax-deductible to the extent allowed by law.