Team Fundraising Form

Name of Event: Pittsburgh Cure Sarcoma 5K Run/Walk

Date of Event: Saturday, June 29, 2019

Fundraiser's Team Name: | Captain's Name:

(Team Captain's) Address: | Phone:

(Captain's) City/State/Zip: | (Captain's)E-mail:

Please make checks payable to: **Sarcoma Foundation of America** Team member:

The Sarcoma Foundation of America is a non-profit public charity recognized by the IRS under 501(c) (3). The SFA EIN is 52-2275294
Tax receipts will be mailed to each address below when requested below. Please write clearly.

Children and adults fighting sarcoma cancer thank you!

Your generosity helps fund cancer research in the Pittsburgh region and beyond.

Sponsor's Name & E-mail address	Address (Street, City, Zip)	Phone	Do ıation	Paid Check or Cash	Tax Receipt Yes/No
			$		
			$		
			$		
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			$		
			$		
			$		
			$		
			$		
			$		
		TOTAL	$		

All Team Captains are encouraged to collect their sponsor donations in advance and mail or bring to the 5K Race. Please convert all cash to checks and make payable to: Sarcoma Foundation of America. Please keep a copy of this sheet and write your name in the memo section of every check.
For Questions, Please e-mail sue5krun@gmail.com or call 724-449-4568.

Please Copy This Form

Mail this form and donations to:

Sue Suit -PCS Event Manager
PO Box 194
Gibsonia, PA 15044