



Office of Philanthropy 2021 Dragon Boat Cancer Gift Form

Date: _____

Please fill out **applicable** information as it pertains to your gift (address and phone number are required)

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email _____

This contribution is a:

Donation Amount: \$ _____

Dragon Boat Hat Purchase (\$20) Total Qty. x \$20: _____

Short-Sleeved T-Shirt Purchase (\$15)
XS S M L XL XXL 3XL Total Qty. x \$15: _____

Long-Sleeved T-Shirt Purchase (\$25)
XS S M L XL XXL 3XL Total Qty. x \$25: _____

Tribute flag with personalized message (\$25 each) Total Qty. x \$25: _____
*Attach additional sheet for multiple tribute purchases and designations.
Maximum of 4 lines, 25 characters per line.*

Cash: \$ _____ Check: \$ _____ Check #: _____ **TOTAL ENCLOSED \$ _____**

Credit To: Team: _____

Paddler: _____

Please make checks payable to Prisma Health, and send to:
Prisma Health Office of Philanthropy
ATTN: Cyndie Ford
300 E. McBee Ave., Suite 201
Greenville, SC 29601-2882

Proceeds from Dragon Boat benefit Prisma Health Cancer Institute, Greenville, SC (Upstate Affiliate d.b.a. GHS Cancer Institute Tax ID# 81-1723202)

(Office use only)

Fund Designation Dragon Boat/Cancer Center Non-Designated: 10-9999123-372021