



2022 Run4Life 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: _____

Day Phone: _____

Email: _____

This Gift Is: Donation Event T-Shirt (\$10 each)

Quantities

Adult Event T-Shirts: _____ **Youth Event T-Shirts:** _____

T-Shirt Size Adult: XS S M L XL XXL

T-Shirt Size Youth: YS YM YL YXL

The below is only for Donations; attach additional paper for multiple purchase designations

Donation: Given By: _____

Credit to: Team: _____

Runner: _____

Gift Information

Cash: \$ _____ Check: \$ _____ Check #: _____

Additional Honor and Memory Donation: Given By: _____

Please check which hero you would like this donation to go towards celebrating.

Susan Reid Bridgers Dr. Larry Gluck Caine Halter

Credit to: Team: _____

Runner: _____

Gift Information

Cash: \$ _____ Check: \$ _____ Check #: _____

Please make checks payable to Prisma Health-Upstate

Include Run4Life and participant/team name if applicable on the memo line, then mail with this completed form to:

Run4Life

Prisma Health – Office of Philanthropy

300 E. McBee Ave., Suite 201

Greenville, SC 29601-2882

Please do not mail cash

Prisma Health-Upstate is a registered 501(3). Tax ID # 81-1723202.

(Office use only)

Fund Designation

Cancer Center Non-Designated: 110.1001.30020.1045