

## Office of Philanthropy and Partnership 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: \_\_\_\_\_

Day Phone: \_\_\_\_\_

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

**This Gift Is:**  Donation  Yard Sign (\$25 each)  Event T-Shirt (\$10 each)  Event Tribute Sign (\$25 each)

*Quantities*

**Yard Signs:** \_\_\_\_\_ **Adult Event T-Shirts:** \_\_\_\_\_ **Youth Event T-Shirts:** \_\_\_\_\_ **Tribute Signs:** \_\_\_\_\_

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

T-Shirt Size Youth:  YS  YM  YL  YXL

*The below is only for Tribute Sign purchases; attach additional paper for multiple purchase designations*

**Tribute Sign:**  Given By: \_\_\_\_\_

In Honor Of:  In Memory Of: \_\_\_\_\_

**Credit to:**  Team: \_\_\_\_\_

Runner: \_\_\_\_\_

### Gift Information

Cash: \$ \_\_\_\_\_  Check: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

*Please make checks payable to Greenville Health System (GHS)*

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

LaTronica Harris – Run4Life  
GHS Office of Philanthropy & Partnership  
300 E. McBee Ave., Suite 503  
Greenville, SC 29601-2882

*Please do not mail cash – our offices are located in the SunTrust building at the address listed above on the 5<sup>th</sup> floor.  
Please note that gifts may take up to four weeks to process.*

*(Office use only)*

#### Fund Designation

Cancer Center Non-Designated: 10-9999123-372410