

Run4Life Gift From

5K Run/Walk and 1 Mile Fun Run

Run4Life

17 Years of Fighting Cancer
Running with Hope and Purpose

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

Credit to: Team: _____

Runner: _____

Gift Information

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

Please make checks payable to Prisma Health - Upstate Foundation

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

Sharon Johnson – Run4Life
Prisma Health Upstate Foundation
300 E. McBee Ave., Suite 401
Greenville, SC 29601-2882

Please do not mail cash

Prisma Health-Upstate is a registered 501(3). Tax ID # 93-2009608.

(Office use only)

Fund Designation

Cancer Center Non-Designated:110.1001.30020.1045