

Check Tracking Form

MDAnderson.org/**Fundraise**

EVENT OR TEAM NAME

FUNDRAISER FIRST NAME

FUNDRAISER LAST NAME

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

<p>Make checks payable to: MD Anderson Cancer Center <i>Please do not mail cash.</i> <i>Cash must be converted to a money order.</i></p>	<p>Memo portion of checks should include: fec23 and your name to ensure you get credit for your fundraising efforts.</p>	<p>Mail this form along with checks to: MD Anderson – Fundraise to End Cancer P.O. Box 4470 Houston, Texas 77210-4470</p>
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DONOR'S NAME	CHECK #	Amount	DONOR'S NAME	CHECK #	Amount
1.	\$	6.	\$
2.	\$	7.	\$
3.	\$	8.	\$
4.	\$	9.	\$
5.	\$	10.	\$

CHECK HERE IF YOU HAVE ENTERED THESE OFFLINE DONATIONS ONTO YOUR PERSONAL WEBPAGE ON THE BOOT WALK TEAM RAISER WEBSITE.

For internal use only

Fundraiser name:
 TeamRaiser name:
 Solicitation Code: **fec23** P2P ID:

TOTAL \$