

American Cancer Society  
Relay For Life of Barrington

June 11-12, 2004  
DONATION FORM

Individual or Business Name \_\_\_\_\_

If Business, Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Solicited by \_\_\_\_\_

1. YES, I WOULD LIKE TO DONATE MERCHANDISE/GIFT CERTIFICATE AS  
FOLLOWS:

Item of donation \_\_\_\_\_

Item description \_\_\_\_\_

Value \_\_\_\_\_ Expiration Date \_\_\_\_\_

Restrictions (black-out dates, etc.) \_\_\_\_\_

Donation Item pick-up details (place, date, etc.) \_\_\_\_\_

2. YES, I WOULD LIKE TO MAKE AN IN-KIND DONATION AS FOLLOWS:

Item of donation \_\_\_\_\_

Value \_\_\_\_\_

Donation pick-up details (place, date, etc.) \_\_\_\_\_

3. YES, I WOULD LIKE TO SUPPORT RELAY FOR LIFE OF BARRINGTON AS A  
CORPORATE SPONSOR. (Sponsorship levels range from \$100 - \$1000.)

Amount \_\_\_\_\_ Donation pick-up details (place, date, etc.)  
\_\_\_\_\_

PLEASE MAIL OR FAX COMPLETED FORM TO:

Kate KubiK - American Cancer Society

100 W Palatine Road #150

Palatine, IL 60067

Phone: 847.358-3965 FAX: 847.358-9218

MAKE ALL CHECKS PAYABLE TO AMERICAN CANCER SOCIETY  
THANK YOU!