American Cancer Society
Relay For Life®
A team event to fight cancer

Lake Region Relay For Life
June 6th, 2008

Individual Fundraising Deposit Form

Team Captain Name: _____

Team Name: _____

Individual Team Member Name: _____

Name of Purchaser	In Memory of/In Honor of	Cash/ Check	Amount $

Please make checks payable to:
American Cancer Society

Minimum donation of $5 each

# of Luminaria _____

Total amount enclosed: $ _____ (checks)

Total amount enclosed: $ _____ (cash)

Total amount enclosed: $ _____