

DONATION TRACKING FORM



Please use this form to track checks, cash and credit card donations you send to the Anti-Cancer Challenge Office.

Participant Name: _____ Date: _____

	DONOR NAME	RECOGNITION NAME IF DIFFERENT	DONOR ADDRESS	PHONE	EMAIL	PAYMENT TYPE	GIFT AMOUNT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Before mailing this form, please verify the following:

- An Offline Donation Form has been completed for each gift.
- Each check has the Anti-Cancer Challenge and participant name in the memo line.
- Each check has been made payable to the UCI Foundation.
If the check has been made out to you, please endorse the check for deposit by the UCI Foundation.

Mail this form, completed Offline Donation Forms and payments to:

UCI Anti-Cancer Challenge
333 City Blvd. W. Suite 605
Orange, CA 92868

* *The Anti-Cancer Challenge office must receive cash donations with a completed Offline Donation Form in order to provide a tax acknowledgment. It is not recommended to send cash via mail as it may be lost.