capital region SPECIAL SURGERY RACE FOR HOPE

Checks can be made payable to: CRSS Race for Hope

All Proceeds to benefit patient services at St. Peter's Hospital Cancer Care Center via a fund established with the St. Peter's Hospital Foundation (a 501-c organization).

INSTRUCTIONS:

1. Start Now to sign up donors. Tell everyone how easy it is to support your participation in the CRSS Race for Hope!
2. MAKE TAX - DEDUCTIBLE CHECKS PAYABLE TO "CRSS Race for Hope"
3. Write Your Name and Team Name in the memo portion of all checks
4. Print all donor information clearly in the boxes below
5. Don't forget to ask about Matching Gifts and enclose the form with the check
7. All donations are non-refundable and non-transferable
8. Donations can not be split amongst participants and teams
10. Donations can still be mailed in after the event until December 30, 2009

Participant Name _____

Team Name _____ Team Captain _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ Email _____

Enjoy your fundraising experience. Thank you!

Donor's Full Name	Address	City, State, Zip	Phone	Check #	Matching Gift Form	Credit Card Number (Amex, Mastercard, Visa, Discover)	Security Code	Exp Date	Total Amount
Sample: John Donor	100 Third Avenue	New York, NY 10001	212-555-1212			5555-55555-55555-555	347	12/09	$50.00

Donations and forms can be mailed to: Capital Region Special Surgery (CRSS) Race for Hope
1220 New Scotland Road, Suite 204
Slingerlands, NY 12159