



OFFLINE DONATION FORM

Donor Name:

Donate To Participant or Team Name:

Phone Number:

Address:

City/State/Zip:

Email:

Check _____ Visa _____ MasterCard _____ Amex _____ Discovery _____

Credit Card Number _____

Expiration Date _____ CVV# _____

Signature _____

Thank You For Your Contribution

Mail this form and your check (please do not send cash) to:

Komen Greater NYC Race for the Cure

246 West 38th Street, Suite 503

New York, NY 10018

The image shows a sample check form with the following details:

- Donor Name and Address:** RACHEL JONES, 32 Anywhere St, New York, NY 10018. An arrow points to this section with the label "DONOR NAME AND ADDRESS".
- Date:** 5001
- Pay to the order of:** Komen Greater NYC. Amount: \$ 250.00.
- Amount in words:** Two hundred and fifty dollars and no cents.
- Bank:** BIG NEIGHBORHOOD BANK, 26 ANYWHERE ST, NEW YORK, NY 10028.
- Memo:** Heather Smith. Signature: Rachel Jones.
- Routing and Account Numbers:** 1122-010203 009 87-654 5001. An arrow points to these numbers with the label "RACE REGISTRANT NAME".

SAMPLE CHECK
To ensure proper credit for all pledges, please ask that all checks be made out as shown here on the left.