



TEAM OF CURES

DONATION FORM

PLEASE CHECK THE RACE YOU ARE DONATING TO:

- __ West Palm Beach __ San Francisco __ Atlanta __ Boston
- __ Dallas __ Tri State __ Chicago __ Twin Cities
- __ NY __ Charlotte __ Philadelphia __ Washington
- __ Los Angeles

On behalf of the Multiple Myeloma Research Foundation, please accept our sincere gratitude for your gift in support of the MMRF Team for Cures 5K Walk/Run program and our work. Your gift will help advance our mission to relentlessly pursue innovative means that accelerate the development of next-generation of multiple myeloma treatments.

WHO IS THIS DONATION FOR?

Team Name (if applicable): _____

Fundraiser's Name: _____

PAYMENT METHOD (Please select one)

Credit Card: \$ _____

(Circle one) Visa / MasterCard / Amex / Discover

Card # _____ / _____ / _____ / _____

Exp. Date: ____ / ____

Signature: _____

Check: \$ _____

(Please make check out to "The MMRF")

Check # _____

Cash: \$ _____

DONOR INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Are you a (check one)?:

- Patient Patient Family Member Patient Friend Deceased Family/Friend
- Clinician Nurse Pharmaceutical Employee Other

Matching Gifts: Many companies offer their employees matching gift programs which can double the impact of your gift! Ask your HR Department if your company has a matching gift program. Fill out the form they provide and send to us. We will handle the rest!

Email: aces@themmrf.org / Fax: 203-972-1259

Questions? Please email aces@themmrf.org or call 203-652-0208

Please bring with you on race day or mail this form and your donation to:

MMRF 5K Walk/Run Program | 383 Main Avenue | 5th Floor | Norwalk, CT 06851

Tax receipt and acknowledgement will be sent prior to 12/31/17