SANTA BARBARA TRIATHLON

Donor Sign-up Sheet

THANK YOU!

Please fill out this form completely.

All donations are tax deductible.

You will receive a letter of acknowledgement for tax purposes.

MATCHING GIFTS

Many companies provide their employees with matching gifts or pledges.

Please check with your employer for their special guidelines.

MAIL THIS FORM WITH PAYMENT TO:

Santa Barbara Triathlon
P.O. Box 215
Santa Barbara, CA 93102

Phone: (805) 682-1634

www.santabarbaratriathlon.com

_____ OR _____

Triathlon Participant Name **Team Name**

This information is necessary in order to credit the athlete for their fundraising effort.

Step One

Please fill out your contact information below: (please print)

_____

Last Name First Name MI

_____

Business Name (for business donations only)

_____

Mailing Address Suite/Apt. #

_____

City State Zip

_____

Phone Number (necessary for Acknowledgement Letter) Email Address

Step Two

I will pledge to help you fundraise for those enduring cancer treatment:

☐ I will pledge $_____ to help the Cancer Center of Santa Barbara to continue to provide a profound difference in the life of someone fighting the disease.

Step Three

Method of Payment:

☐ Check (please make all checks payable to the Cancer Center of Santa Barbara.

☐ Visa ☐ MasterCard

_____

Account Number Exp. Date Signature

The information gathered on this form will not be sold, rented or shared with any organization other than the Santa Barbara Triathlon and Cancer Center of Santa Barbara. Any necessary contact will be related to this event only.