



**SANTA BARBARA  
TRIATHLON**  
**Donor Contribution 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](http://www.santabarbaratriathlon.com)

**CHECKS PAYABLE TO:**  
Teddy Bear Cancer  
Foundation or TBCF

I would like to donate in the name of:

\_\_\_\_\_  
**Triathlon Participant Name OR Team Name**  
This information is necessary in order to credit the fundraiser/athlete for their fundraising effort.

**Step One – Donor Information**

**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 – Donation Amount**

**I will pledge to help you fundraise to support families of children with cancer:**

I will pledge \$\_\_\_\_\_

**Step Three -Payment**

Personal Check (please make all checks payable to Teddy Bear Cancer Foundation or TBCF)

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 the Teddy Bear Cancer Foundation. Any necessary contact will be related to this event only.