



CASH/CHECK DONATION FORM

Donor Name:	
Address:	
Phone:	
E-mail:	

Gift Amount		Date	
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Gift Type Check Cash

IF gift is on honor of an individual, please list name of honoree and indicate type of gift:

Name of Honoree: _____ **Relation to you:**

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> In Memory | <input type="checkbox"/> Get Well Wishes |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Signature Event |
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Other: (please indicate |

below)

In Honor _____

Please send notification of this gift to (optional):

Name:	
Address:	

Please check this box if you would like someone to contact you regarding this gift or to set-up a reoccurring gift.

Please mail completed form and check to Connecticut Sports Foundation offices (do not mail cash):

**Connecticut Sports Foundation
455 Boston Post Road
Suite 203B
Old Saybrook, CT 06475**

Thank you for your generous support. Your donation helps cancer patients and their families.