

DONATION FORM

You may donate to the Connecticut Challenge online at CTChallenge.org. This is a quick and secure transaction using your credit card or debit card.

You may also donate by check using this form. Please fully complete and enclose this form.

DONOR INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

(Provide email to receive an automatic receipt for your taxes.
Your email will be used for no other purpose.)

Amount of Donation \$ _____

Check # _____

(IMPORTANT)

I would like to receive future communications from the Connecticut Challenge: Yes No

If you would like to make your donation in honor or memory of another person, please list that information below.

In honor of _____

In memory of _____

In support of _____

Please make your check payable to "Connecticut Challenge" and mail with this fully completed form to:

Connecticut Challenge
P.O. Box 566
Southport, CT 06890



If this donation is from a company or foundation, please complete the following:

Company / Foundation Name

Company Name & Phone

DOUBLE YOUR DONATION WITH A MATCHING GIFT

Many companies will match the donations of their employees to qualifying organizations. To increase the impact of your donation, please check to see if your employer will match your gift. Matching gift forms can be submitted to:

Connecticut Challenge
P.O. Box 566
Southport, CT 06890

ABOUT THE CONNECTICUT CHALLENGE

Money raised through the event will support adult and pediatric survivorship programs, survivorship research and other support programs through the CT Challenge Center for Survivorship and members of the CT Challenge Survivorship Network.

Connecticut Challenge, Inc. is a 501(c)(3) charitable organization. All contributions of \$250 or more will be acknowledged in writing. All contributions are tax deductible to the extent of the law. Tax ID#: 20-2777748.

Thank you for your support for the Connecticut Challenge. All cancer survivors will benefit from your donation.