



NORTH SHORE CANCER WALK

Offline Donation Form

If you wish to support a participant offline please fill out the form below.

Participant Information:

First Name: _____ Last Name: _____

Team Name (if applicable): _____

Please indicate your donation amount below:

___ \$100 ___ \$50 ___ \$25 Other Amount: \$ _____

Please make your checks payable to:

North Shore Cancer WALK

Donor Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for your contribution!

Please mail this completed form, along with your check to:

North Shore Cancer WALK

Development Office

81 Highland Avenue

Salem, MA 01970