

Team Name: _____

Participant's First Name: _____

Last Name: _____

Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____



**A BENEFIT FOR THE PATRICK DEMPSEY CENTER FOR
CANCER HOPE & HEALING**

Donations are tax deductible
EIN #01-0211494

Raise your \$150 fundraising minimum - 9 Ways in 9 Days to get people to contribute... Here is a simple plan.

Day1.....Put in own contribution.....\$15

Day4.....Ask 3 friends.....\$10 / each

Day7.....Ask 3 people from your church/temple.....\$5 / each

Day2.....Ask your spouse/partner.....\$15

Day5.....Ask 3 co-workers.....\$5 / each

Day8.....Ask 3 local merchants you frequent.....\$5 / each

Day3.....Ask 3 relatives.....\$10 / each

Day6.....Ask 3 neighbors.....\$5 / each

Day9.....CELEBRATE!.....you did it!.....\$150

Please Print Legibly

Donor Name	Mailing Address, City, State, Zip	Phone	Donation Amt	Payment Method	
				cash or check	check number
1.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
2.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
3.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
4.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
5.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
6.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
7.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
8.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
9.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
10.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
11.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
12.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
13.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	
14.				<input type="checkbox"/> Cash <input type="checkbox"/> Check	

Please make checks payable to: The Dempsey Challenge

Completed forms and donations may be mailed to:

CMMC Development Office, 300 Main St, Lewiston, ME 04240

or forms and donations can be dropped off at:

29 Lowell Street, 3rd Floor in Lewiston

Cash Total: \$ _____

Check Total: \$ _____

Cash & Check Total: \$ _____