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|---------------------------|----------------|
| Team Name: | |
| Participant's First Name: | |
| Participant's Last Name: | |
| Phone: | |
| Mailing Address: | Street/PO Box: |



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

Donations are tax deductible
EIN #01-0211494

| | |
|--------|------|
| State: | Zip: |
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Raise your \$150 fundraising minimum – 9 ways in 9 days to get people to contribute...Here is a simple plan.

- | | | |
|--------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| Day 1..... Make your own contribution \$15 | Day 4..... Ask 3 friends \$10/each | Day 7.. Ask 3 people from your church/temple.....\$5/each |
| Day 2..... Ask your spouse/partner \$15 | Day 5..... Ask 3 co-workers \$5/each | Day 8.. Ask 3 local merchants you frequent \$5/each |
| Day 3..... Ask 3 relatives \$10/each | Day 6..... Ask 3 neighbors \$5/each | Day 9.. 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 Street, Lewiston, ME 04240
(DO NOT MAIL CASH!)

OR

Forms and donations can be dropped of at:
CMMC Development Office, 29 Lowell Street, 3rd floor, Lewiston
For Questions: 207.795.2950 or giving@cmhc.org

| | |
|---------------------|-----------|
| Cash Total: | \$ |
| Check Total: | \$ |
| TOTALS: | \$ |