



Donation Form

I, _____ agree that all monies collected from individuals sponsoring my efforts in Goin' Bald for Bucks, will be donated to 13thirty Cancer Connect and Roswell Park Cancer Institute. By signing this sheet I agree that the money collected and placed in this envelope balances to the total amount written at the bottom of this form.

Name: _____

Address: _____

Phone: _____

Email: _____

NOTE: Please make checks payable to Bald for Bucks and mail to Bald for Bucks, P.O. Box 644, Buffalo, NY 14240.

Donor's Name	Cash Collected	Check	Total
TOTALS			