Date: _____

Please fill out applicable information as it pertains to your gift (address and phone number are required)

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Email: _____

ThisGiftIs: ☐ Donation ☐ Event T-Shirt ($10 each)

Adult Event T-Shirts: _____ *Youth Event T-Shirts:* _____

T-Shirt Size Adult: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-Shirt Size Youth: ☐ YS ☐ YM ☐ YL ☐ YXL

Credit to: ☐ Team: _____

☐ Runner: _____

Gift Information

☐ Cash: $ _____ ☐ Check: $_____ Check #: _____

Please make checks payable to Prisma Health - Upstate Foundation

Include Run4Life and participant/team name if applicable on the memo line, then mail with this completed form to:

Prisma Health - Upstate Foundation
Attn: Kaylee Crenshaw
300 E. McBee Ave., Suite 401
Greenville, SC 29601-2882

Please do not mail cash
PrismaHealth-Upstateis a registered 501(3).TaxID#93-2009608.

(Office use only)

Fund Designation

☒ Cancer Center Non-Designated:110.1001.30020.1045