



OneRunTogether

Donation Form

Yes, I want to make a difference in the life of a local cancer patient. Enclosed is my donation for \$_____

Please send receipt to:

Full Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Office) _____ (Cell) _____

Join the OneRunTogether Community:

Yes, I would like to be part of the OneRunTogether Community and receive communications about events, fundraisers, and updates on how OneRunTogether is making a difference in the lives of local individuals and their families living with cancer. Please provide your email address below:

E-Mail: _____

I have enclosed my check in US Dollars made payable to OneRunTogether, Inc.

Please charge my gift to: Mastercard Visa American Express Discover

Credit Card Number: _____ Expires: _____

Your Signature: _____

Make Your Donation Go Farther with Matching Gifts:

My employer has a matching gift program! Employer: _____

Please enclose your matching gift form and employer contact information.

Make an Honorary Donation:

Honor a friend or member of your family with a donation in their name to OneRunTogether. We will send a tribute letter to inform your designated recipient of your generosity and forward a receipt to you for your donation.

This gift is given:

In honor of (print name) _____

or

In memory of (print name) _____

Please send tribute card to:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please print and complete this form and mail with your donation to:
OneRunTogether, Inc. 135 Schoolhouse Lane Coatesville, PA 19320