



# NORTH SHORE CANCER WALK

## Offline Donation Form

If you wish to support a participant offline, please fill out the form below.

### Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Please indicate your donation amount below:

\$100          \$50          \$25          Other Amount: \$ \_\_\_\_\_

Please make your checks payable to the North Shore Cancer WALK

### Donor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Thank you for your contribution!**

Please mail this completed form, along with your check to:

**North Shore Cancer WALK**

**Development Office**

**81 Highland Avenue**

**Salem, MA 01970**



NORTH SHORE  
MEDICAL CENTER



MASS GENERAL / NORTH SHORE  
CANCER CENTER

