

TEAM FUNDRAISING EVENT TRACKING FORM



Any check or cash team donations that need to be divided among your individual teammates must be accompanied with this distribution form. Please list the names and the portion of the total donations you would like each participant to receive.

Team Name: _____

Total amount of cash: \$ _____

Team Captain: _____

Total amount of checks: \$ _____

Email: _____

Total amount of credit cards: \$ _____

Phone: _____

Grand total enclosed: \$ _____

	DONATION FROM	\$ AMOUNT	TO: PARTICIPANT NAME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Mail this form, completed Offline Donation Forms and payments to: The UCI Anti-Cancer Challenge, 333 City Blvd. W. STE. 630 Orange, CA 92868

Questions? Contact Us.
anti-cancerchallenge@uci.edu
714.456.7171