

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: _____
 Team Captain: _____
 Email: _____
 Phone: _____

Total amount of cash: \$ _____
 Total amount of checks: \$ _____
 Total amount of credit cards: \$ _____
 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: UCI Anti-Cancer Challenge
 3800 West Chapman Avenue, Suite 3300
 Orange, CA 92868

Questions? Contact Us.
anti-cancerchallenge@uci.edu
 714-456-7171