

CASH/CHECK DEPOSIT FORM

Team Name: _____

Total Amount Enclosed: _____

BREAKDOWN OF ENCLOSED

Total Cash Amount: _____

Total Check Amount: _____

Number of people who contributed toward cash total: _____

Number of checks enclosed: _____

Names of people who contributed toward cash total
(if you would like them recognized on the website):

Matching Gift Forms

(number of forms enclosed): _____

(attach additional pages if necessary)



HAVE QUESTIONS?

Contact: Amber Forrence
617-582-8342
FantasyDay@dfci.harvard.edu

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INSTRUCTIONS

- Include completed Cash/Check Deposit Forms in each deposit envelope
- Mail to: The Jimmy Fund
Attn: Fantasy Day
10 Brookline Place West, 6th Floor
Brookline, MA 02445
- Please allow up to two weeks for delivery and posting to your team page on JimmyFundFantasyDay.org



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