



## CHECK DEPOSIT FORM

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

### BREAKDOWN OF ENCLOSED

Name: \_\_\_\_\_

Number of checks enclosed: \_\_\_\_\_

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

Matching Gift Forms  
(number of forms enclosed): \_\_\_\_\_

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

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

#### HAVE QUESTIONS?

Contact: Jonathan Clark  
617-632-5381

[JimmyFundLittleLeague@dfci.harvard.edu](mailto:JimmyFundLittleLeague@dfci.harvard.edu)

(attach additional pages if necessary)



## CHECK DEPOSIT FORM

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

### BREAKDOWN OF ENCLOSED

Name: \_\_\_\_\_

Number of checks enclosed: \_\_\_\_\_

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

Matching Gift Forms  
(number of forms enclosed): \_\_\_\_\_

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

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

#### HAVE QUESTIONS?

Contact: Jonathan Clark  
617-632-5381

[JimmyFundLittleLeague@dfci.harvard.edu](mailto:JimmyFundLittleLeague@dfci.harvard.edu)

(attach additional pages if necessary)



## INSTRUCTIONS

- Include completed Check Deposit Forms in each deposit envelope
- Mail to: Dana-Farber Cancer Institute  
Attn: Jimmy Fund Little League  
10 Brookline Place West, 6<sup>th</sup> Floor  
Brookline, MA 02445
- All proceeds must be received by Friday, August 2, 2019, 5 p.m. EST to be eligible for prizes.
- If you would like to split a check to allocate to several team members, please denote the name and amount for each team member on this form.

#### HAVE QUESTIONS?

Contact: Jonathan Clark  
617-632-5381

[JimmyFundLittleLeague@dfci.harvard.edu](mailto:JimmyFundLittleLeague@dfci.harvard.edu)