

## CHECK DEPOSIT FORM

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

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

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

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

### BREAKDOWN OF ENCLOSED

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

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

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

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

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

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

#### HAVE QUESTIONS?

Contact: *Raquel Morales*  
617-582-7916  
*Rmorales2@dfci.harvard.edu*

(attach additional pages if necessary)



## CHECK DEPOSIT FORM

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

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

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

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

### BREAKDOWN OF ENCLOSED

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

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

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

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

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

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

#### HAVE QUESTIONS?

Contact: *Raquel Morales*  
617-582-7916  
*Rmorales2@dfci.harvard.edu*

(attach additional pages if necessary)



## INSTRUCTIONS

- Include completed Check Deposit Forms in each deposit envelope
- Make checks payable to Dana-Farber Cancer Institute
- Mail to: Dana-Farber Cancer Institute  
Attn: Raquel Morales  
10 Brookline Place West, 6<sup>th</sup> Floor  
Brookline, MA 02445
- 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: *Raquel Morales*  
617-582-7916  
*Rmorales2@dfci.harvard.edu*