



## CHECK DEPOSIT FORM

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

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

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

### BREAKDOWN OF ENCLOSED

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

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

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

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

Number of checks enclosed:

Matching Gift Forms  
(number of forms enclosed):

#### HAVE QUESTIONS?

Contact: Sarah Eldredge  
617-582-8387  
[SarahE\\_Eldredge@dfci.harvard.edu](mailto:SarahE_Eldredge@dfci.harvard.edu)

(attach additional pages if necessary)



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## INSTRUCTIONS

- Include completed Check Deposit Forms in each deposit envelope
- Mail to: Dana-Farber Cancer Institute  
Attn: Cheer for Dana-Farber  
10 Brookline Place West, 6<sup>th</sup> Floor  
Brookline, MA 02445
- All proceeds must be received by Friday, December 16, 2018, 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.

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