



Donation Form



I, _____ agree that all monies collected from individuals sponsoring my efforts in Goin' Bald for Bucks, will be donated to Roswell Park Cancer Institute. By signing this sheet I agree that the money collected and placed in this envelope balances to the total amount written at the bottom of this form.

Name: _____
 Address: _____
 Phone: _____
 Email: _____

NOTE: Please make checks payable to Bald for Bucks and mail to Bald for Bucks, P.O. Box 644, Buffalo, NY 14240.

Donor's Name	Cash Collected	Check	Total
TOTALS			

