

DONOR INFORMATION

Name: _____

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*(As you want it to appear in the event program.)

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City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Tournament Board Contact: _____

IN-KIND DONATION DETAILS

Please describe your donation:

Donation Value: \$ _____

Please include any special needs or restrictions with your donation:

RECOGNITION (*To be completed by St. Jude/Tournament Staff)

In recognition of your in-kind donation, you will receive the following

Please forward Agreement Form to:
ALSAC/St. Jude Children’s Research Hospital
ATTN: Medlock-Krieger Invitational
12365 Lewis Street, Suite 101, Garden Grove, CA 92840
phone: 800-227-6737, fax: 714-663-7222
jamie.ramsay@stjude.org

ALSAC/St. Jude Children’s Research Hospital
Tax ID #35-1044585

