

Joseph M. Sanzari Children's Hospital Team Fundraising

OFFLINE GIFT FORM

Participant Name:

Team Name:

Instructions : All donations made by cash and check should be recorded on the form below. Please include the donor's name (when possible) and the amount of each donor's gift. If the donor's name was not collected, please use "Anonymous". If the donation was made with Cash, indicate "Cash" in the Check # field.

Donor Information

	First Name	Last Name (Suffix)	Gift Amount	Gift Date	Check #	Address	Phone Number	Email
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								