

PARTICIPANT INFORMATION

Participant Name:	Team Name (if applicable):		
Mailing Address:	City:	State:	ZIP:
Phone Number: ()	Email:		
Event: <input type="checkbox"/> Walk/Run (August 17) <input type="checkbox"/> Cycle (August 17) <input type="checkbox"/> Paddle (September 15) <input type="checkbox"/> Trail (October 6) <input type="checkbox"/> Virtual			

DONOR INFORMATION

To ensure you receive proper credit for your fundraising efforts, complete the information below for each gift included with this form. Be sure that you have enclosed payment for each donor listed on this form. Attach additional sheets if necessary. For more information, call 207.973.5055 or visit ctchallenge.org. *Make checks payable to Champion the Cure Challenge.*

Donor Name	Mailing Address, City, State, ZIP	Phone Number or Email Address	Donation Amount	Payment Method	
				Cash or Check	Check #
1.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
2.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
3.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
4.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
5.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
6.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
7.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
8.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
9.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
10.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
11.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
12.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
			Total Enclosed	\$	

RETURN FORMS BY MAIL:

Northern Light Health Foundation
PO Box 931
Bangor, ME 04402-0931

Please do not mail cash.

RETURN FORMS IN PERSON:

Northern Light Health Foundation
885 Union Street, Suite 220
Bangor, ME 04401

Please call 207-973-5055 to schedule a day and time for drop off.