



**VAN ELSLANDER
CANCER CENTER**



**Pink and Blue United for a Cure!
Registration/Contribution Form**

Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

Email address _____

I would like to support the Pink and Blue United for a Cure walk by (select one):

participating in the walk/run (\$25 registration fee required)

All participants will be given a complimentary t-shirt on the day of the event.

Please select your shirt size Small Medium Large X-Large

making a one-time gift of

\$250 \$100 \$50 Other _____

volunteering on the day of the event

Check enclosed, made payable to: **Team Angels**

Visa MasterCard Discover American Express

Card number _____

CID Code _____ Exp Date _____

(Last three numbers on back of card)

Signature _____ Date _____

(required for all credit card gifts)

Thank you for your support!