

Miles for Myeloma 5K Run/Walk
(Benefiting the International Myeloma Foundation)

April 27, 2019

Offline Donation Form

Donor First Name: _____ Donor Last Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____

Please credit this donation to Team _____

Please credit this donation to this Participant _____

**** Tribute Path Sign ****

Make a donation of \$50 to honor or to remember someone special with their name on a laminated placard along our Tribute Path on race day.

\$50 In Honor of: _____

\$50 In Memory of: _____

Donor name should appear as: _____

I would like to make a donation by credit card (Visa/MC/Amex/Discover)

Card # _____ Exp. _____

Cardholder Signature: _____

I have enclosed my check or money order for \$ _____ for my donation, made payable to
International Myeloma Foundation

**Please return form and payment to: International Myeloma Foundation
12650 Riverside Drive, Suite 206
North Hollywood, CA 91607
Attention: Suzanne Battaglia**