

PARTICIPANT COLLECTION REPORT

Thank you for supporting The Leukemia & Lymphoma Society's efforts to create a world without blood cancers.

Participant Name _____

Required

Team Name _____

Optional

Event _____

Required

Region _____

Optional

| | CASH | CHECKS | MONEY ORDERS |
|---|--|--|--|
| REQUIRED INFORMATION | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REQUIRED INFORMATION | Cash Total \$: _____ | Number of Checks: _____ | Number of Money Orders: _____ |
| REQUIRED INFORMATION | | Total \$: _____ | Total \$: _____ |
| REQUIRED INFORMATION (Cash, Check, Money Order Combined) Total \$: _____ | | | |