



www.DiscGolfersForCancer.com

Player Name: _____ Player Phone: _____ Player Email: _____

Name	_____				Paid : Yes / No
Address	_____				
City	_____	State	_____	Zip	_____
				Phone	_____
<input type="text"/>	Per Hole	<input type="text"/>	Per Round	<input type="text"/>	Outright Donation
				<input type="text"/>	Total \$

Name	_____				Paid : Yes / No
Address	_____				
City	_____	State	_____	Zip	_____
				Phone	_____
<input type="text"/>	Per Hole	<input type="text"/>	Per Round	<input type="text"/>	Outright Donation
				<input type="text"/>	Total \$

Name	_____				Paid : Yes / No
Address	_____				
City	_____	State	_____	Zip	_____
				Phone	_____
<input type="text"/>	Per Hole	<input type="text"/>	Per Round	<input type="text"/>	Outright Donation
				<input type="text"/>	Total \$

Please make all donation checks made payable to: Lance Armstrong Foundation. All checks over \$20 are tax deductible.