



5K RUN/ 1 MILE FUN WALK

Sunday, Sept. 25, 2011

GPCCBaltimore.com

GreatProstateCancerChallenge.com

Chesapeake
UROLOGY
ASSOCIATES



2011 Donation Form

1. Donor Information

Contact name _____

Company name *(for business donations)* _____

Address _____

City _____ State _____ Zip _____

Home phone *(mandatory for credit card donations)* _____

Email address *(for receipt purposes only)* _____

2. Donation Level

- \$4,000
 \$3,000
 \$2,000
 \$1,000
 \$500
 \$250
 Other amount \$ _____

All information will be kept confidential and will not be sold or marketed in any way.

3. Method of Payment

► Credit card

Please charge \$ _____ to my:

- Visa MC AMEX Discover

Card number _____

Expiration date _____ 3 or 4-digit SVN
(on back of card)

Name on card _____

Signature _____

Mail this form to:
GPCC – Baltimore
P.O. Box 320753
Alexandria, VA 22320

► Check

Please make checks payable to
GPCC-Baltimore

Mail check along with this form to:
GPCC – Baltimore
P.O. Box 320753
Alexandria, VA 22320

► Cash

Cash donations may be dropped off at any Chesapeake Urology office.
Please do not send cash via mail.

Donations are tax deductible to the fullest extent allowed by law. Donations are non-refundable. All donations will be charged in U.S. dollars. To comply with IRS regulations, only donations of \$250 or more will receive a letter of acknowledgement for tax purposes. For amounts less than \$250, your cancelled check or credit card statement will serve as your receipt.

I have read and understand the above.

Signature _____

Date _____