



CHALLENGE
CANCER WITH US.

Participant Check Request Form

Please send checks with this form attached to:

Attn: Abbey Sutton

Dolphins Challenge Cancer

347 Don Shula Dr. Miami Gardens, FL 33056

Federal Tax ID #: 45-4808311

Participants Name: _____

Check Number:	
Check Amount:	
Donor Name:	
Donor Email Address:	
Donor Mailing Address:	
Company Name:	

Check Number:	
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Donor Name:	
Donor Email:	
Donor Mailing Address:	
Company Name:	

In order to receive a tax receipt, Donor Email must be noted
If you have any questions, Please email asutton@dolphins.com