

# Check Tracking Form

MDAnderson.org/**BootWalk**

**EVENT OR TEAM NAME**

**FUNDRAISER FIRST NAME**

**FUNDRAISER LAST NAME**

**ADDRESS**

**CITY, STATE, ZIP**

**PHONE**

**EMAIL**

<p><b>Make checks payable to:</b> MD Anderson Cancer Center <i>Please do not mail cash.</i> <i>Cash must be converted to a money order.</i></p>	<p><b>Memo portion of checks should include:</b> <b>bwh24 and your name to ensure you get credit for your fundraising efforts.</b></p>	<p><b>Mail this form along with checks to:</b> MD Anderson – Boot Walk to End Cancer P.O. Box 4470 Houston, Texas 77210-4470</p>
---	--	--

**DONOR'S NAME**

**CHECK #**

**Amount**

**DONOR'S NAME**

**CHECK #**

**Amount**

1. .... \$ .....

6. .... \$ .....

2. .... \$ .....

7. .... \$ .....

3. .... \$ .....

8. .... \$ .....

4. .... \$ .....

9. .... \$ .....

5. .... \$ .....

10. .... \$ .....

CHECK HERE IF YOU HAVE ENTERED THESE OFFLINE DONATIONS ONTO YOUR PERSONAL WEBPAGE ON THE BOOT WALK DONORDRIVE WEBSITE.

*For internal use only*

Fundraiser name:  
DonorDrive name:  
Solicitation Code: **bwh24** P2P ID: **508**

**TOTAL** \$ .....