



Cash Donation Acceptance Form

Participant Name: _____

Team Name: _____

To be completed by the participant for all cash or check donations. Checks should be made payable to the PMP Research Foundation

Date Collected	Donor	Donor Address	Donor Email	Cash / Check	Amt
				Total	

Please Mail Completed form To:

Hoops for a Cure Attn: Scott Montgomery
 227 Madelia Pl
 Mooresville, NC 28115
 Must receive no later than 2 days before the event to credit to your team.

For Office Completion

Date Rec'd _____

Rec'd By _____

Amt Rec'd Cash _____

Check _____

Form Complete Y or N