



George Washington Bridge
Challenge

DetermiNation™

(PLEASE PRINT CLEARLY)

Participant Name: _____

Team Name: _____

Please Indicate your donation amount: \$ _____

Please make checks payable to: American Cancer Society

Donor Information:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

☐ Make this an anonymous gift.

Thank you so much for your contribution!!!!

Please mail this completed form, along with your check, to the participant or directly to:

**American Cancer Society
20 Mercer Street
Hackensack, NJ 07601
Attention: GWB CHALLENGE**

PLEASE make sure you notify the participant that you are making a contribution on their behalf and sending straight to the American Cancer Society office so they can track their goals properly.