



2008 DONATION FORM

DONATE ONLINE:
LIVESTRONGChallenge.org

DONATE VIA PHONE:
888.4.Challenge (888.424.2553)

IMPORTANT:

- **When you donate online, a greater part of every dollar supports the LAF's mission.** To donate online, go to the Donate menu on livestrongchallenge.org, select the participant's location and search for their personal fundraising webpage.
- For mailed donations, please fill this form out completely and legibly to avoid processing delays.
- All donations are **NON-REFUNDABLE** and **NON-TRANSFERABLE**.
- All donations are tax deductible to the extent allowed by law.
- Anyone who includes an email address will receive a receipt via email. Anyone who does not include an email address will receive a receipt via mail.
- **Donations can be split amongst participants.** Please mail check with a donation form for each participant and include the allocation amount.
- We accept check and credit card donations. (We unfortunately cannot accept cash donations.) One check per donation form.

PLEASE MAIL THE BOTTOM OF THIS FORM WITH YOUR DONATION TO:

Lance Armstrong Foundation Events
National Mail Processing Center
P. O. Box 6002
Albert Lea, MN 56007-6002

Your donation to the LAF will provide direct support and education to help cancer survivors face the challenges and changes that come with cancer.

MATCHING GIFTS

Check to see if your company will match your donation to the LIVESTRONG® Challenge to increase the impact of your gift! Whether you made your donation online or by mail, please send the completed matching gift form to:

Lance Armstrong Foundation Events
National Mail Processing Center
Attn: Matching Gifts
PO Box 6002
Albert Lea, MN 56007-6002

Please be sure to write the name and participant number of the participant that you are supporting on the form to ensure correct processing.

ABOUT LAF

Founded in 1997 by cancer survivor and champion cyclist Lance Armstrong, the Lance Armstrong Foundation (LAF) unites people through programs and experiences. The LAF empowers cancer survivors to live life on their own terms and raises awareness and funds for the fight against cancer. Unite and fight cancer at LIVE STRONG.org.

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Lance Armstrong Foundation Events Tax ID: 20-4232365

Participant Name: Henrike Hirsch

Participant ID 77712036

LSCAUS08

1. DONOR CONTACT INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____ COMPANY _____

MAILING STREET ADDRESS _____ SUITE/APT. NO _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

EMAIL ADDRESS I DO NOT WISH TO RECEIVE ADDITIONAL INFORMATION FROM THE LAF _____ PHONE (MANDATORY FOR CREDIT/DEBIT) _____

2. DONATION INFORMATION

AMOUNT: \$ _____

CHECK **PLEASE MAKE CHECKS PAYABLE TO LANCE ARMSTRONG FOUNDATION EVENTS. WRITE PARTICIPANT NAME/ID# ON ALL CHECKS.**

CREDIT (SINGLE PAYMENT) TYPE: AMEX VISA MC DISC

CREDIT CARD NUMBER _____ EXP. DATE (MO/YR) _____ CVV # _____

SIGNATURE FOR CREDIT CARDS _____