

# Home Run/Walk

Benefiting the MeritCare Roger Maris Cancer Center



*Please use dark ink and print neatly.*

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Participant's  
Total Collected: \$ \_\_\_\_\_.

**PLEASE COLLECT ALL  
CONTRIBUTIONS IN ADVANCE**



Name	Address, City, State, Zip	Home Phone	Contribution
1.			
2.			
3.			
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20.			

Checks can be made payable to  
**MeritCare Foundation**

Contributions can also be made online  
conveniently at **61for61.meritcare.com.**