



SANTA CLARITA VALLEY TEAM MEMBER ENVELOPE

Member Name: _____

Address: _____

City, State Zip: _____

Phone #: _____

Team Name: _____

Team Captain Name: _____

* Checks made payable to: **AMERICAN CANCER SOCIETY**

**Turn your money, luminary slips & envelope in to your Team Captain.

OR mail in this completed form and enclose your money to: American Cancer Society

Santa Clarita Valley Unit
25020 W. Avenue Stanford Unit 170
Valencia, CA 91355

Donor	Address	City, State, Zip	Amt of Cash	Amt of Check	# of Luminary Slips
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					
11.)					
12.)					
13.)					
14.)					
15.)					
16.)					
17.)					
18.)					
19.)					
20.)					
			Total Cash	Total Checks	

GRAND TOTAL TURNED IN: _____