



Runner Name _____

Instructions for Runners:

For each offline donation, please provide the requested information to ensure proper crediting and acknowledgment. Please make all checks payable to the American Red Cross.

1. Donor Name _____
 Email _____
 Amount \$ _____
 Cash Check
 Date Received _____

3. Donor Name _____
 Email _____
 Amount \$ _____
 Cash Check
 Date Received _____

2. Donor Name _____
 Email _____
 Amount \$ _____
 Cash Check
 Date Received _____

4. Donor Name _____
 Email _____
 Amount \$ _____
 Cash Check
 Date Received _____

Total Donations for Submission \$ _____

Runner Consent:

I affirm that I have collected donations from donors on behalf of the American Red Cross and that I am forwarding one hundred percent (100%) of the donations to the American Red Cross.

Signature _____ Date _____