



# MVH/LOIS ORANGE DUCOEUR BREAST CANCER WALK

## PEER-TO-PEER FUNDRAISING FORM

**Participant's Name** \_\_\_\_\_

**Team Name** (if applicable) \_\_\_\_\_

**Participant's Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**INSTRUCTIONS:** Use this form to ask your family, friends, neighbors and coworkers to support your fundraising efforts for the MVH/Lois Orange Ducoeur Breast Cancer Walk. After collecting donations, mail this form and checks (payable to **Mon-Vale Health Resources, Inc.**) by **November 1, 2019** to:

*Monongahela Valley Hospital, Office of Fund Development, 1163 Country Club Road, Monongahela, PA 15063*

#	Donor Name	\$ Amount	Mailing Address	Email Address
1				
2				
3				
4				
5				
6				

*\*See additional page/reverse to complete form*

#	Donor Name	\$ Amount	Mailing Address	Email Address
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>TOTAL</b>		<b>\$</b>		



**THANK YOU – these pledges support the prevention, early detection and treatment of breast cancer in our community at Monongahela Valley Hospital!**

**Participant's Name** \_\_\_\_\_