



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 **MVH Foundation**) by **October 30, 2020** to:

The Monongahela Valley Hospital Foundation, 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				
TOTAL		\$		



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

Participant's Name _____