



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

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

**Participant Phone:** \_\_\_\_\_

**Participant Email:** \_\_\_\_\_

## BCAN Walk to End Bladder Cancer 2024 DONATION FORM

To submit check donations by mail, please fill this form out in its entirety for each check.

For credit card payments – visit the BCAN Walk website: [www.bcanwalk.org](http://www.bcanwalk.org).

Questions? Call 301-215-9099 or email [walk@bcan.org](mailto:walk@bcan.org).

<i>Donor Name</i>	<i>Check Number</i>	<i>Amount</i>
<i>Donor Address</i>		<i>Donor Email</i>
<i>Is this gift eligible for a matching gift program?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Company Name:</i>	

<i>Donor Name</i>	<i>Check Number</i>	<i>Amount</i>
<i>Donor Address</i>		<i>Donor Email</i>
<i>Is this gift eligible for a matching gift program?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Company Name:</i>	

<i>Donor Name</i>	<i>Check Number</i>	<i>Amount</i>
<i>Donor Address</i>		<i>Donor Email</i>
<i>Is this gift eligible for a matching gift program?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Company Name:</i>	

<i>Donor Name</i>	<i>Check Number</i>	<i>Amount</i>
<i>Donor Address</i>		<i>Donor Email</i>
<i>Is this gift eligible for a matching gift program?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Company Name:</i>	

Checks should be made payable to the **Bladder Cancer Advocacy Network**. Mail checks with completed form to:

Bladder Cancer Advocacy Network  
4520 East-West Highway, Suite 610  
Bethesda, MD 20814