

DEPOSIT TICKET



Team Captain: _____

Team Name: _____

Walk Location: _____

Apply Gift To: Team Team Member (write name) _____

Total Amount: \$ _____

Mail deposit to:
1600 University Avenue West, Suite 300
St. Paul, MN 55104

- Checks only—NO CASH.
- Use this deposit ticket to mail donations prior to July 20 (Regions) or September 7 (Metro).
- Donors will receive a receipt for their donation.
- **Your deposit will be credited within 5 business days.**

DEPOSIT TICKET



Team Captain: _____

Team Name: _____

Walk Location: _____

Apply Gift To: Team Team Member (write name) _____

Total Amount: \$ _____

Mail deposit to:
1600 University Avenue West Suite 300
St. Paul, MN 55104

- Checks only—NO CASH.
- Use this deposit ticket to mail donations prior to July 20 (Regions) or September 7 (Metro).
- Donors will receive a receipt for their donation.
- **Your deposit will be credited within 5 business days.**

DEPOSIT TICKET



Team Captain: _____

Team Name: _____

Walk Location: _____

Apply Gift To: Team Team Member (write name) _____

Total Amount: \$ _____

Mail deposit to:
1600 University Avenue West Suite 300
St. Paul, MN 55104

- Checks only—NO CASH.
- Use this deposit ticket to mail donations prior to July 20 (Regions) or September 7 (Metro).
- Donors will receive a receipt for their donation.
- **Your deposit will be credited within 5 business days.**