



THE 9TH ANNUAL  
**DONATE LIFE  
 FAMILY FUN RUN**  
 IN SUPPORT OF ORGAN, EYE, AND TISSUE DONATION



**September 9, 2017**

Camden Yards Sports Complex  
 Baltimore, MD

**For more information  
 or to register online:**

WEBSITE

[donatelifefunrun.org](http://donatelifefunrun.org)

EMAIL

[familyfunrun@thellf.org](mailto:familyfunrun@thellf.org)

PHONE

443.833.1076



The Living Legacy Foundation is a non-profit, 501 (c)3 organization and all contributions are tax-deductible.

## donation form

Proceeds from the Donate Life Family Fun Run benefit The Living Legacy Foundation of Maryland's community outreach and education efforts, as well as aftercare programs and workshops for donor families.

**Participant and/or team to be credited for this donation:**

\_\_\_\_\_

*(Leave blank if this is a general event donation.)*

**Contribution Amount**

\$10    \$25    \$50    \$100    \$200    \$500    Other Amount: \$ \_\_\_\_\_

**Your Contact Information**

All contact information will be used only to provide you with a receipt of your donation. You will not receive any additional communications as a result of providing The Living Legacy Foundation with the following information.

Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**I am making this donation by:**

Cash    Check    Credit Card

*Checks should be made payable to The Living Legacy Foundation.*

Please fill out the following information if you are making a donation using your credit card:

Credit Card Information:    Visa    Mastercard    Amex    Discover

Cardholder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CSC#: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

(Check if Same as Mailing Address Above)

Signature: \_\_\_\_\_

**Mail this form and your donation to:**

The Living Legacy Foundation  
 Attn: Family Fun Run  
 1730 Twin Springs Road, Suite 200  
 Baltimore, MD 21227