

Moraloppet Ski for the Cause 2021— Fundraising Form

- Participants, please gather donations from your supporters and submit with Fundraising Form.
- Please have all checks payable to “Moraloppet Ski for the Cause” and write participants first and last name on the memo line.
- Please record only donations submitted with this form.
- All donations are 100% tax deductible and donations cannot be split amongst participants or teams.
- All fundraising forms and donations must be received by Saturday, February 1 to ensure proper credit to your fundraising totals. Donations and fundraising forms can be mailed to Moraloppet, P.O. Box 22, Mora, MN 55051 (Please do not mail cash) or dropped off at the Vasaloppet Headquarters (100 S. Union St. Mora, MN 55051) between 9:00a.m. and 4:00p.m. Monday through Friday.

Participant Information

First Name: _____ Last Name: _____

Mailing Address: _____

Day Phone #: _____ Evening Phone #: _____

E-mail Address: _____ Team Name (if applicable): _____

Tally Donations Here

Total Number of Checks Included _____ Total Fundraising Dollars Enclosed (include cash & checks) \$ _____

	Supporter Name	E-mail Address	Mailing Address	Donation Amount	
1					<input type="checkbox"/> Check <input type="checkbox"/> Cash
2					<input type="checkbox"/> Check <input type="checkbox"/> Cash
3					<input type="checkbox"/> Check <input type="checkbox"/> Cash
4					<input type="checkbox"/> Check <input type="checkbox"/> Cash
5					<input type="checkbox"/> Check <input type="checkbox"/> Cash
6					<input type="checkbox"/> Check <input type="checkbox"/> Cash
7					<input type="checkbox"/> Check <input type="checkbox"/> Cash
8					<input type="checkbox"/> Check <input type="checkbox"/> Cash
9					<input type="checkbox"/> Check <input type="checkbox"/> Cash
10					<input type="checkbox"/> Check <input type="checkbox"/> Cash
11					<input type="checkbox"/> Check <input type="checkbox"/> Cash
12					<input type="checkbox"/> Check <input type="checkbox"/> Cash
Donation Total					

For Office Use Only: Date Received _____ Received By _____ Date Entered _____ Entered By _____ Number _____