



Date ____/____/____

Deposit Ticket

To help us serve you better, include this deposit ticket with any money you turn in.

PLEASE PRINT CLEARLY

Name: _____ Phone Used for Registration: ____ - ____ - ____

Team Name: _____

Amount Enclosed \$ _____ Special Requests: _____

Please make checks payable to the American Lung Association in Colorado

Mail Checks to: American Lung Association in Colorado | 5600 Greenwood Plaza Blvd., Suite 100 | Greenwood Village, CO 80111



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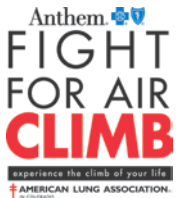
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