



**CATAMOUNT CLASSIC**  
**Lacrosse for a Cure**

Yes! I would like to make a donation to the Catamount Classic!  
Please complete this form and enclose it with your payment,  
payable to the **Dana-Farber Cancer Institute**.

Mail to:  
Catamount Classic  
University of Vermont Men's Lacrosse Program  
97 Spear Street Burlington, Vermont 05405

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

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

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

**Player's Name:** \_\_\_\_\_

**Contribution Amount:** \$ \_\_\_\_\_

**Gifts over \$250 will receive tax receipt from the Dana-Farber Cancer Institute after the event.**

**Thank you for your generous donation!**

