



8737 Colesville Road, Suite 400 | Silver Spring, MD 20910  
800-225-6872 | [info@tscalliance.org](mailto:info@tscalliance.org) | [tscalliance.org](http://tscalliance.org)

### ***Step Forward to Cure TSC Walk: Offline Donation Guidelines***

Offline donations are donations that are processed manually by the national office (i.e. checks, money orders, pledges, etc.).

#### ***GENERAL GUIDELINES:***

Please complete a Donation Tracking form and mail it to the national office. Be sure to keep a copy for your records.

**CHECKS:** To avoid stale-dated checks please mail donations within ***ten days*** of receipt. Endorse any checks that are not made payable to TSC Alliance to ensure prompt processing.

**CASH:** Cash is ***prohibited*** so please obtain a money order or write a check. If check is a combination from multiple donors, please include a separate sheet to list any donors that wish to be acknowledged online.

***Mail your donations and Donation Tracking form directly to:***

**TSC Alliance**  
**8737 Colesville Road, Suite 400**  
**Silver Spring, MD 20910**

**CHECKS MADE PAYABLE TO: TSC Alliance**

#### **Tax Receipt Policy**

The TSC Alliance will properly receipt donors for gifts over \$250 as defined by IRS regulations. The solicitor should provide each donor with a thank you receipt for gifts \$249 and under that are received in-person.

Please call Gail Saunders, Director, Community Programs at 240.638.4652 or [gsaunders@tscalliance.org](mailto:gsaunders@tscalliance.org) if you have any questions or comments.

**Hope no matter how complex**

# Donation Tracking Form

## INSTRUCTIONS

Complete: Participant and Donor Information sections

Mail: Completed form to: TSC Alliance

8737 Colesville Road, Suite 400

Silver Spring, MD 20910

Retain a copy for your records.

## PARTICIPANT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

\*TEAM NAME (if applicable) \_\_\_\_\_

EMAIL/PHONE \_\_\_\_\_

Make checks payable to TSC Alliance

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

## DONOR INFORMATION

*(Cash donations must be converted into a check. Please list cash donors on a separate piece of paper)*

Donor Name:	Total: \$	<input type="checkbox"/> Check#
Address:		
Donor Name:	Total: \$	<input type="checkbox"/> Check#
Address:		
Donor Name:	Total: \$	<input type="checkbox"/> Check#
Address:		
Donor Name:	Total: \$	<input type="checkbox"/> Check#
Address:		