



Stop Children's Cancer

Donation Form

*All donations are 100% tax deductible

Individual(s) making donations:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Email Address: _____

Donation amount: (please check amount)

___ \$100 ___ \$50 ___ \$20 ___ Other \$ _____

I would like my donation to be:

In honor of _____

In memory of _____

Please send acknowledgement letter to: (amount donated will not be disclosed)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Method:

If donation made by Credit Card, please supply the following information:

___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card # _____ - _____ - _____ - _____ Expiration Date:

Make your tax deductible check payable and mail to:

Stop Children's Cancer

2622 NW 43rd Street, Suite B-3

Gainesville, FL 32606

A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state.