



# 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.