



## Donation Form

\*All donations are 100% tax deductible

Individual(s) making donations

Name \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Donation amount: (please check amount)

\$100     \$50     \$25     Other \$ \_\_\_\_\_

I would like my donation to be:

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

Donor note \_\_\_\_\_

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 \_\_\_\_\_ CVC \_\_\_\_\_

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 of Florida. Registration does not imply endorsement, approval or recommendation by the State.

[www.stopchildrenscancer.org](http://www.stopchildrenscancer.org)