



**STOP!® CHILDREN'S CANCER, INC.  
INDIVIDUAL 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: \_\_\_\_\_

**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, INC.**

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.*

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

A local non-profit 501(c) (3) organization committed to the prevention, control and cure of cancer in children.