



**STOP!® CHILDREN'S CANCER, INC.
LEGACY FUND 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)

Platinum \$10,000 Gold \$5,000 Silver \$2,500 Bronze \$1,000

I wish to make my donation: (please check)

All at once Over a period of time By last Will and Testament

I would like my donation to be:

In honor of _____

In memory of _____

Words I wish to have on permanent plaque: (amount donated will not disclosed):

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

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