

STOP CHILDREN'S CANCER, INC. – INDIVIDUAL DONATION FORM

All donations are 100% tax deductible

Individual(s) making donations:

Name _____

Address _____

City, State, Zip Code _____

Phone (Home) _____

Phone (Work) _____

Email Address _____

Donation amount: (please check or write in amount)

\$50 \$20 Other Amount \$ _____

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 Code _____

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

Visa Mastercard American Express

Credit Card # _____

Expiration Date: _____

Make your tax deductible check payable and mail to:

STOP CHILDREN'S CANCER, INC.

2632 NW 43rd Street, Suite A-108

Gainesville, FL 32606-7449

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.