


Children's Cancer Research Fund®
Mail-In Donation Form

Donor Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Donation Information

Please do not send cash. Make checks payable to: Children's Cancer Research Fund

Check/Money Order

Credit Card (please check card type)

MasterCard® Visa® American Express® Discover®

Credit Card #: _____ Expiration: _____

Name on Card: _____ Signature: _____

Donation Amount: \$ _____

Fundraiser

Name: Gabrielle Robbins

Participant ID: 1776818 Event ID: 1353

Please mail donations to:

Children's Cancer Research Fund
Attn: Donor Services
7301 Ohms Lane, Suite 355
Minneapolis, MN 55439

Children's Cancer Research Fund is exempt under section 501(c)(3) of the Internal Revenue Code making this gift tax-deductible.