



Date Received: _____

Donation Form

Thank you for your generous donation to Friends of Kids with Cancer. Monetary Donations are tax-deductible as determined by the IRS. Please consult your tax advisor or IRS publications for details. Your personally identifiable information will not be shared or released to any organization or business entity other than those affiliated with or working in conjunction with Friends of Kids with Cancer.

DONOR INFORMATION

Name of Business / Organization / School: _____

Full Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occasion collected: Toy Drive Fundraiser End of Treatment
 Birthday Holiday Special Occasion
 Other/Specify: _____

In Memory/ Honor Of (circle): _____

Please notify: Name _____

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT METHOD

Donation Amount: \$10 \$25 \$50 \$100 \$500 \$1,000 Other: _____

- I will pay with a **cash** donation
- I will pay by **check** (Payable to Friends of Kids with Cancer) | **Check #:** _____
- I will pay by **credit card** | **Credit Card #:** _____

Expiration Date: _____ Billing Zip Code: _____ CVC#: _____

Signature: _____

The above items were verified by the following Friends of Kids with Cancer staff member:

Staff Name

RE

SS

TY