



## PRINTABLE DONATION FORM

Checks Payable to: **Children's Tumor Foundation**  
(If you need extra room, please use the back of the form.)

Check #	Check Amount

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_

Optional Please send an acknowledgment letter to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

Other requests/instructions:          
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Please mail donations to:  
Mail Code: 6895  
P.O. Box 7247  
Philadelphia, PA 19170 - 0001