



YES, I would like to make a donation to help children with cancer.

Enclosed is my tax-deductible gift for: \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____ Please include for receipt of donation.

I would like to be added to your email list.

I have enclosed a check or money order.

Please make payable to:
"American Childhood Cancer Organization"

Please charge my gift to: Visa MC Amex

Card# _____ Exp. ____ / ____ CSV _____

I wish to make my gift in memory / in honor of:

Child's Name _____

Please send notice to the address below:

Name _____

Address _____

City _____ State _____ Zip _____

Please print and mail this form along with your donation to:

American Childhood Cancer Organization
6868 Distribution Drive
Beltsville, MD 20705