

# Event Donation Reply Form

Please fill out and return this form with your event's donations within **two weeks** of your event.



Please print all information clearly.

All checks must be payable to **American Childhood Cancer Organization**. Write the name of your school/business and **PJammin** or **GO GOLD** (depending on event type) on the memo line.

Please do NOT send cash. Convert any cash to a money order or cashier's check. We discourage converting cash donations to a personal check.

Send your donations and this form to:

*American Childhood Cancer Organization, P.O. Box 498, Kensington, Maryland 20895-0498*



## Event Information



Event Date \_\_\_\_\_ Host Name \_\_\_\_\_

Hosting School, Organization, or Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Is this event in honor or memory of someone? If so, who? \_\_\_\_\_

Did you use an online donation page? \_\_\_\_\_

Please check which type of event you hosted: PJammin®  GO GOLD®  Other



## Donations



Number of Checks \_\_\_\_\_ Grand Total \_\_\_\_\_

I, \_\_\_\_\_ certify that the above information is complete and correct.

Signature \_\_\_\_\_

