



FUNDRAISER MAIL-IN DONATION FORM

Complete the appropriate section below.

* = *Required Field*

Amount of Contribution* \$ _____

Fundraiser Name _____

Fundraiser Date _____

Donor Information

INDIVIDUAL Donation

First Name* _____

Last Name* _____

E-Mail* _____

Phone* _____

ORGANIZATION Donation

Organization Name* _____

Contact Name* _____

Contact Title* _____

E-Mail* _____

Phone* _____

OR

Address* _____

City* _____ State* _____ Zip* _____

Dedication Details *(if applicable)*

This donation is being made on behalf of _____

If you would like us to mail a letter to someone regarding your dedication gift, complete the following for the letter recipient:

First Name _____ Last _____

Address _____

City _____ State _____ Zip _____

Reveal Amount of Contribution? *(Please check one)* Yes / No

Reveal Contributor's Name? *(Please check one)* Yes / No

If you would like the letter to say the gift is from a name other than the Donor listed above (i.e., "The Smith Family" or "Your Friends at..."), please note the name below.

Gift From: _____

Please type, print, and mail the completed form along with your donation to:

National Pediatric Cancer Foundation
5550 West Executive Drive, Suite #200
Tampa, FL 33609

Share your photos & story with us: cwagner@nationalpcf.org for an opportunity to be featured on our social media.