AMERICAN childhood CANCER ORGANIZATION

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

Enclosed is my tax-deductible gift for:

❒$5 ❒$15 ❒$25 ❒$50 ❒$100 ❒$_____

Name_____

Address _____

City_____**State**_____**Zip**_____

Phone (_____)_____ **Email** _____

❒ Please add me 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
10920 Connecticut Avenue Suite A
Kensington, MD 20895