

DONATION FORM

Please complete & return this form with a check for the amount your school raised within two weeks of your event!



Thank you for your school's support of Children's Cancer Partners through our Kidz in Lids program! As you complete the form below, please print all information clearly.

- Please make all checks payable to "Children's Cancer Partners of the Carolinas" and put *Kidz in Lids* and *your school's name* in the memo section.
- Please refrain from sending cash - convert cash to a money order, cashier's check or school check.
- Please send your donations and this completed form to: Children's Cancer Partners

ATTN: Sharon Worthington
900 S. Pine St, Suite F
Spartanburg, SC 29302

Your Name:

I am a: student teacher parent principal staff member other (Please check one.)

Phone Number:

Email:

School Name and Address:

School District:

Principal:

Date(s) of Event:

Fundraising Goal for Event:

Was your school's event in memory or honor of someone?

Who?

Number of checks enclosed:

Grand Total:

I certify that the above information is complete and correct.

Signature:

Date:

Please sign up our school for a Kidz in Lids event next year!

Date(s) of event:



Children's Cancer
PARTNERS OF THE
CAROLINAS
Supporting Families Through the Journey