

# DONATION FORM

Please complete and return this form with a check for the amount your school raised within two weeks of your event or use the QR code provided here!



THANK YOU FOR YOUR SCHOOL'S SUPPORT OF CHILDREN'S CANCER PARTNERS THROUGH OUR KIDZ IN LIDS PROGRAM!



- 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(s): \_\_\_\_\_ Fundraising goal for event: \_\_\_\_\_

Was your school's event in memory or honor of someone? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Number of checks enclosed: \_\_\_\_\_ Grand total: \_\_\_\_\_

I certify that the above information is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date(s) we'd like to sign up (subject to change): \_\_\_\_\_



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