

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: Kim Melick
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