Donation Form

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

kidz IN LIDS™

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: Kidz 900 S. Pine St., Suite F
Spartanburg, SC 29302 (Please check one.)

Your name: _____

I am a: ☐ student ☐ teacher ☐ parent ☐ principal ☐ staff member ☐ other

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: _____ # of students: _____

☐ 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