

Donation by mail form



807 Mantoloking Road * Brick, New Jersey 08723

Donor Information (please print)

Name _____

Billing address _____

City, State, Zip Code _____

Phone & Email _____

Pledge Information

Pledge amount \$ _____ One time Pledge

YES! I will join the Circle of Smiles donor Club - **Monthly** **Quarterly** **Annually**

I have enclosed the contribution in the form of: check credit card (Visa/MasterCard/American Express)

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____ Date / /

Gift will be matched by company/family/foundation _____

Form enclosed Form will be forwarded

In Honor/or Memory

An Honor Gift acknowledges special occasions such as birthdays, anniversaries and other significant life events. A Memorial Gift is made in memory or in honor of a loved one or friend who has passed away.

Acknowledgement Information

Childhood Leukemia Foundation will forward an acknowledgement to:

Please list name and address: _____

Please make checks and matching donations payable to:

Childhood Leukemia Foundation

807 Mantoloking Road * Brick, New Jersey 08723

www.clf4kids.org * contact@clf4kids.org * 888-253-7109

Thank you for helping us bring smiles to children battling cancer every

