



# CURESEARCH

FOR CHILDREN'S CANCER

## DONATION FORM

Thank you for supporting CureSearch and our vision to reach the day when every child with cancer can be guaranteed a cure. Your gift is tax-deductible and you will receive an acknowledgement of your gift in the mail shortly.

PERSONAL INFORMATION	
Title:	
Your Name:	Spouse Name:
Address Type (please check one)	<input type="checkbox"/> Home <input type="checkbox"/> Business
Address:	
City, State, Zip:	
Home Phone:	
Email:	

GIFT INFORMATION	
Donation Amount:	
Payment Type (please check one)	<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex If donating by check, please make payable to: CureSearch for Children's Cancer
Cardholder Name:	
Card Number:	
Expiration Date:	CVV Number:
If you would like us to automatically renew your gift, please chose a payment option: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Not Applicable	

TRIBUTE: <i>If you would like this gift to be a tribute</i>	
Please check one:	<input type="checkbox"/> In honor of <input type="checkbox"/> In memory of _____
Please send a notice of this gift to:	
Address:	
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Please mail to:

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