



OFFLINE DONATION FORM

Complete this form and send in along with your donation.
Checks should be made out to "Children's Tumor Foundation"

Mail completed form and check to:

Children's Tumor Foundation
Mail Code: 6895 P.O. Box 7247
Philadelphia, PA 19170-0001

DONOR INFORMATION

NAME:
ADDRESS (street, city, state, zip):
PHONE #:
EMAIL ADDRESS:

PARTICIPANT INFORMATION

Let the participant know to record your donation as an "offline donation" so they receive fundraising credit!

NAME:
TEAM NAME (if applicable):

DONATION INFORMATION

DATE OF DONATION:
DONATION AMOUNT: \$

Want to send in one check and apply it to multiple participants? Sure! Just be sure to let us know here:

PARTICIPANT NAME:	DONATION AMOUNT: \$
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*By confirming payment, I acknowledge my donation will be credited towards fundraising for Cupid's Undie Run events in February 2024.