

Memorial Gift Form

YOUR GIFT

I want to help find a cure with my gift of \$ _____ Make this a monthly gift!

This gift is in memory of _____

Please send a memorial card to:

Name _____

Address _____ City _____

State _____ Postal Code _____

I want to restrict my donation to support a specific type of childhood cancer research or fund:

- Neuroblastoma Leukemia Ewing sarcoma Brain Tumors
 Childhood Cancer Data Lab (CCDL) Travel Fund The CORD Fund
 Other _____

PAYMENT INFORMATION

Donate by check: Please make your check payable to Alex's Lemonade Stand Foundation

Donate by credit card:

Card Number _____ Expiration Date _____ Security Code _____

Name on Card _____

DONOR INFORMATION

First Name _____ Last Name _____

Address _____

City _____

State _____ Postal Code _____

Email Address _____ Phone _____

Please return completed form and your check to:

Alex's Lemonade Stand Foundation
333 E. Lancaster Ave, #414, Wynnewood, PA 19096

Phone: (866) 333-1213

You will receive a written acknowledgement of your gift with a receipt in the mail soon. Thank you!

AlexsLemonade.org/Donate

