

Thanks for donating to Change Childhood Cancer!

Event ID: **79340**

| post your donation to the fundraising page within one week of receiving this form. | |
|--|---|
| Your Information | |
| First Name: | Last Name: |
| Street Address: | City: |
| State: | Postal Code: |
| Phone: | Email: |
| ☐ YES! Please email me periodic updates ab | out ALSF! |
| Donation Details | |
| Donation Amount: \$ | |
| Have you donated to Alex's Lemonade Stand | Foundation before? Yes / No |
| Display name for the fundraising page (such a | as The Smith Family, or Jane Smith): |
| If your donation is on behalf of a team member team member's name here: | er (for pages with multiple participants), list the |

Please mail your donation to:

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

> Questions? Call us at 866-333-1213