

## Thanks for donating to Change Childhood Cancer!

Event ID: **79368** 

| post your donation to the fundraising page wi                          | thin 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 abo                            | out ALSF!  |
| <b>Donation Details</b>  |  |
| Donation Amount: \$  |  |
| Have you donated to Alex's Lemonade Stand I                            | Foundation before? Yes / No                        |
| Display name for the fundraising page (such as                         | s The Smith Family, or Jane Smith):                |
| If your donation is on behalf of a team membe team member's name here: | r (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