

Thanks for donating to Change Childhood Cancer!

Event ID: **79381**

| Please print and fill out the form below and inc post your donation to the fundraising page wit | clude it with your check or money order. We'll chin 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 | ut ALSF! |
| Donation Details | |
| Donation Amount: \$ | |
| Have you donated to Alex's Lemonade Stand F | Foundation before? Yes / No |
| Display name for the fundraising page (such as | The Smith Family, or Jane Smith): |
| If your donation is on behalf of a team member 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