

## ConKerr Cancer Donation Form

<p style="text-align: center;"><u>Please make checks payable to:</u></p> <p style="text-align: center;"><b>ConKerr Cancer</b></p>	<p style="text-align: center;"><b><u>Please Mail or Fax your orders to:</u></b></p> <p>ConKerr Cancer  c/o Nonprofit Business Solutions  2701 Centerville Rd.  Wilmington, DE 19808  Fax: 1-877-687-4878</p>
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**Credit Card Donations: Please select donation amount below (US Dollars):**

- \$10-Provides one pillowcase and one big smile for a sick child
  - \$25-Provides three pillowcases and three big smiles for sick children
  - \$50-Provides a half dozen pillowcases and six smiles for sick children
  - \$100-Funds a sewing day for school kids to make pillowcases
  - \$150-Funds a sewing day for sick kids in a small clinic or hospital
  - \$200-Funds a sewing day for sick kids in a large hospital or clinic
- Other:

***Please provide credit card payment information (if applicable)***

Credit Card Information:  MasterCard  Visa (Sorry we do not accept Amex or Discover at this time)

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Expiration Date: (Month/Year) \_\_\_\_\_ / \_\_\_\_\_      Signature: \_\_\_\_\_

<p style="text-align: center;"><u>Donor Information:</u></p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State/Province: _____ Postal Code: _____</p> <p>Phone (for processing issues only): _____</p> <p>Email (optional): _____</p>	<p style="text-align: center;"><u>Gift Information (if applicable):</u></p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p>
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**(Optional) My donation is in honor of:**

Your donation will be directed to the National Chapter unless indicated below (our complete list of chapters is included on our website ([www.conkerrcancer.org](http://www.conkerrcancer.org)))

**Or Call Toll Free 1-877-891-8315 (M-F 9am - 5pm EST)**  
**Or Donate Online by visiting our website at [www.conkerrcancer.org](http://www.conkerrcancer.org)**