



[www.butterflywalk.com](http://www.butterflywalk.com)

Name and address are required for tax receipt purposes.

All information is confidential

\*Please include matching gifts form in with your coupon & check.

Donations may also be made online at [www.active.com/donate/2010Butterflywalk/](http://www.active.com/donate/2010Butterflywalk/) \_\_\_\_\_

Team Name \_\_\_\_\_

Participant Name \_\_\_\_\_

I support the 2010 Butterfly Walk for CancerFree KIDS with my tax-deductable donation of  \$250  \$100  \$75  \$50  \$25  Other \$ \_\_\_\_\_

Donor First Name \_\_\_\_\_

Donor Last Name \_\_\_\_\_

Employer\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

My Check, payable to **CancerFree KIDS**, is enclosed. Check # \_\_\_\_\_

Please charge my credit card:  
 Visa  Mastercard

Name on card \_\_\_\_\_

No: \_\_\_\_\_

Exp. Date (mo/yr) \_\_\_\_\_ CSV \_\_\_\_\_

Signature \_\_\_\_\_

Day Phone # ( | | ) \_\_\_\_\_

*Phone # is required for credit card payment*

Mail forms with payment to:

**CancerFree KIDS**  
**P.O.Box 575**  
**Loveland, OH 45140**



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