



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: <http://give.classy.org/2017butterflywalk>

Team Name _____

Participant Name _____

I support the 2017 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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