



**CANCER AWARENESS CLUB FOR KIDS
DONATION FORM**

To register, fill out the form below:

First Name: _____	Mailing Address: _____
Last Name: _____	_____
Email Address: _____	
Daytime Phone Number: _____	

<i>Optional:</i>	
School: _____	Grade: _____
<input type="checkbox"/>	Check if you want to start a club at your school.

<i>Mail Checks To:</i>	<i>Make checks Payable To:</i>
CANCER AWARENESS CLUB 13351 RIVERSIDE DRIVE, #679 SHERMAN OAKS, CA 91423	CANCER AWARENESS CLUB

THANK YOU FOR YOUR DONATION!