



BATCH DONATION COVER SHEET

IMPORTANT: You MUST enclose this cover sheet with every batch of donations submitted to the Children's Tumor Foundation in order for these funds to be credited to the appropriate individual and their fundraising campaign.

Participant Name: _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Event Name: _____

| # of Donations Enclosed | Payment Type | Total Amount |
|-------------------------|--------------------------------|--------------|
| | Credit Cards | \$ |
| | Checks | \$ |
| | Cash | \$ |
| | Grand Total (all types) | |

*Make additional copies of this form as needed – copy completed forms for your files.
Send this form with your donations to:*

*Children's Tumor Foundation
Attn: NF Endurance
120 Wall Street, 16 Floor
New York, NY 10005*



Credit Card Donation Form

My tax-deductible donation is:

\$500 \$250 \$100 \$50 \$25 \$_____

Credit Card Information:

American Express Mastercard Visa

Expiration Date: _____ Security Code: _____

Card Number: _____

Cardholder Name: _____

Cardholder Signature: _____

- My company will match this donation.
- The completed matching gift form is attached
 - The matching gift request will be completed online on my company's portal

Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone Number: _____

Email Address: _____

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Check Donation Form

For CHECK donations, please complete ONE field per check donation below to ensure proper acknowledgement, IF and ONLY IF the name and address imprinted on the check is different from the donor's information. Otherwise, the name and address imprinted on the check will receive the gift acknowledgement and tax-deductible receipt.

Participant Name: _____ Event: _____

| |
|--|
| Donor Name: _____ Amount: \$ _____ |
| Donor Address: _____ |
| City: _____ State: _____ Zip Code: _____ |
| Donor Phone: _____ Check Number: _____ |
| Donor Name: _____ Amount: \$ _____ |
| Donor Address: _____ |
| City: _____ State: _____ Zip Code: _____ |
| Donor Phone: _____ Check Number: _____ |
| Donor Name: _____ Amount: \$ _____ |
| Donor Address: _____ |
| City: _____ State: _____ Zip Code: _____ |
| Donor Phone: _____ Check Number: _____ |
| Donor Name: _____ Amount: \$ _____ |
| Donor Address: _____ |
| City: _____ State: _____ Zip Code: _____ |
| Donor Phone: _____ Check Number: _____ |

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Cash Donation Form

For CASH donations, please convert ALL cash donations into a personal check, then complete ONE field per cash donation below to ensure proper gift acknowledgement to your donor.

Participant Name: _____ Event: _____

Donor Name: _____ Amount: \$ _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

Donor Phone: _____ Your Check Number: _____

Donor Name: _____ Amount: \$ _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

Donor Phone: _____ Your Check Number: _____

Donor Name: _____ Amount: \$ _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

Donor Phone: _____ Your Check Number: _____

Donor Name: _____ Amount: \$ _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

Donor Phone: _____ Your Check Number: _____

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New York, NY 10005*