



Alex's Lemonade Stand Foundation
333 E. Lancaster Avenue, #414
Wynnewood, PA 19096
Phone: (610)649-3034
Fax: (610)649-3038

Single or Recurring Gift Form

I would like to donate the following amount \$ _____

I would like to join ALSF's recurring gift program the **One Cup at a Time Club**.*

\$ _____ per month or quarterly (check one)

*The **One Cup at a Time Club** is an easy way to support childhood cancer research with regular and predictable gifts. To learn more, contact Cynthia@AlexsLemonade.org.

Donate by Check; please mail your check to the address in above right corner.

Donate by Credit Card; please provide us with the following information:

MasterCard Visa Discover Card American Express (Check which type of Credit Card)

Credit card number: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Signature of Card Holder: _____

Please provide the following information in full:

Name: _____

Mailing Address: _____

City: _____ State or Province: _____

Zip/Postal Code: _____ Country: _____

Phone number: _____ Email: _____

Would you like to restrict your donation to support a specific type of childhood cancer research?
If yes, please check one type below:

- Brain Tumors Epidemiology (causes and prevention of cancer) Ewing's Sarcoma
 Hepatoblastoma Leukemias Lymphomas Neuroblastoma Osteosarcoma Wilms Tumor
 Retinoblastoma Rhabdomyosarcoma

**You will receive a written acknowledgement of your gift with a receipt in the mail soon. Thank you!