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, visit AlexsLemonade.org/one-cup

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!