

Donation Form



Want your donation posted to the website faster? Give by credit card online at StBaldricks.org or by phone at 888.899.BALD (2253).

Super Soph's Pediatric Cancer Research Fund

HF-36

Name of Recipient: Participant / Fundraiser / Memorial / Hero Fund

Recipient ID#

n/a	n/a	n/a	n/a	n/a
Event Year	Team Name	Team ID#	Event Title	Event ID#

Donation

Amount: \$ _____

☐ This is an anonymous gift. (Only the recipient will see your name.)

☐ Please make this gift:

☐ **Check** Make checks payable to **St. Baldrick's Foundation**. Please write the recipient ID# in the memo line of your check.

In Memory of: _____
or

In Honor of: _____

☐ **Cash** **Please do not mail cash.** Turn in your donation to the recipient or at the event.

Recognition name to display on website:

Donor Information

Name of Business / Organization / Foundation (if applicable)

Prefix	First Name	MI	Last Name
--------	------------	----	-----------

Job Title	Email Address
-----------	---------------

☐ Home ☐ Work

Address

City	State	Zip Code	Phone #	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
------	-------	----------	---------	-------------------------------	-------------------------------	---------------------------------



Double Your Donations! Many companies support charitable giving by matching employee donations. For more information, check with your Human Resources Department or email MatchingGifts@StBaldricks.org.

Please return this completed form with your donation to the recipient or mail it directly to St. Baldrick's Foundation:

1333 S. Mayflower Ave., Suite 400, Monrovia, CA 91016

