



For Committee Only	
Approve	_____
Reject	_____
Check #	_____
Amount	_____

Donation Request

Return completed request to: Kids and Cancer, P.O.Box 1299, Bradford, PA 16701,
or email to kidsandcancerrun@yahoo.com

Applicant Name and Age

Requestor

Street Address

City, State, Zip Code

Requestor Address

Contact Number

Requestor Phone Number

E-Mail

Complete if under 18	
_____ Mother	_____ Father
_____ Contact #	_____ Contact #

Brief History

All information is confidential but will be reviewed by the K&C committee for consideration. Requestor must be authorized to approve information to be released by signing below. If release is not signed information will be held in confidence and will not be used for any publicity

Signature Authorization for Publicity Release

Requestor signature & date: With this signature I submit that all information is true & correct.