



## Play4TheCure Charitable Donation Form



---

School/Organization Name: \_\_\_\_\_

Sport: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Enclosed is a tax deductible gift of: \$ \_\_\_\_\_

**Please return this form with your charitable donation & participant roster in the envelope provided or to the following address:**

National Foundation for Cancer Research

*Attn: Play4TheCure*

5515 Security Lane, Suite 1105

Rockville, MD 20852



Thank you for your support of NFCR, a tax exempt charity (Tax ID#: 04-2531031)