Annual Sportsathon to Benefit

PEDIATRIC CANCER FOUNDATION

SPONSOR FORM

_____

First Name **Last Name** **Age**

_____

First Name **Last Name** **Age**

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First Name **Last Name** **Age**

Sponsor Name	**Phone**	**Total Donation**

GRAND TOTAL: _____

- Please make checks payable to **Pediatric Cancer Foundation**. (Contributions are tax deductible to the limit of the law)
- Please send sponsor/donation checks to:
  Pediatric Cancer Foundation, P. O. Box 785, Mamaroneck, NY 10543