Annual Sportsathon to Benefit

PEDIATRIC CANCER FOUNDATION

SPONSOR FORM

First Name	Last Name	Age
First Name	Last Name	Age
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