



Annual Sportsathon to Benefit  
**PEDIATRIC CANCER FOUNDATION**  
 \*\*\*SPONSOR FORM\*\*\*

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First Name Last Name Age

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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**