



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