



**THE KIDS'
CANCER
PROJECT**
FROM THE ONCOLOGY
CHILDREN'S FOUNDATION

Sponsors who require individual receipts

We have set ourselves a single mission: to cure kids' cancer.

TITLE	FIRST NAME	FAMILY NAME	ADDRESS AND POST CODE	PHONE	TOTAL
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

*Please note all receipts will be sent directly to your sponsors.

TYPE OF PAYMENT (please circle)

EFT

CHQ

CREDIT CARD

SUBTOTAL \$
Please add to Fundraising form