



4901 West Cypress Street
Tampa, FL 33607

Phone: 813-367-5437

Donation Pledge Form

I would like to help support Children's Cancer Center

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

Gift Amount: _____

Credit Card Type (Please circle one): Visa / MasterCard / American Express / Discover

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Authorized Signature: _____

You may also send your check, made payable to:

Children's Cancer Center:

4901 West Cypress Street
Tampa, FL 33607
USA