

**CHILDHOOD CANCER
L I F E L I N E**

OF NEW HAMPSHIRE

Donation Form

Please fill out this form and mail with your check.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Make Your Check To:

CCL

Mail To:

Childhood Cancer Lifeline of New Hampshire

PO Box 395

Hillsboro, NH 03244

In Honor Of or In Memory Of: *(Optional)*

Name: _____

Would You Like Someone Notified Of Your Donation?: *(Optional)*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

We are sorry but credit card donations cannot be accepted at this time.

Childhood Cancer Lifeline of New Hampshire is a non-profit with 501(c)(3) status.

A receipt will be mailed to donors for tax purposes.