

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

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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.