



2013 KID'S CANCER BUZZ-OFF CASH DONATION FORM

Use this form when you receive a cash donation. The sponsor's name, address and email must be provided. We ask that you then submit a personal check for the total cash amount. Funds raised will be added to your fundraising page total within 7-10 business days of receipt.



Date: _____

Buzzee Name (First/Last): _____ Phone: _____

Email: _____

Total Amount of Cash Contributions (Reflected in the Enclosed Check): \$ _____

This gift is from the following individual(s)

Sponsor #1 Name: _____ Gift Amount: \$ _____

Address: _____

City/State/Zip: _____

Email: _____

Sponsor #2 Name: _____ Gift Amount: \$ _____

Address: _____

City/State/Zip: _____

Email: _____

Sponsor #3 Name: _____ Gift Amount: \$ _____

Address: _____

City/State/Zip: _____

Email: _____

Sponsor #4 Name: _____ Gift Amount: \$ _____

Address: _____

City/State/Zip: _____

Email: _____

Please submit this from, along with your personal check to:

**One Mission, P.O. Box 600157, Newtonville, MA 02460,
Attn: Kid's Cancer Buzz-Off Coordinator**

Duplicate as needed

Heads Shaved. Money Raised. Lives Changed.