

8 hr Cancer Dance Donor Form

YES, I would like to help Giza with her cancer and future treatments.

Enclosed is my tax-deductible gift for:

☐\$5 ☐\$25 ☐\$50 ☐\$100 ☐\$250 ☐\$500 ☐\$_____

☐ Please contact me – I'm interested in volunteering.

Please make your check payable to:

"Giza's Charitable Trust Fund"

P.O. Box 663, Tenafly, NJ 07670

Name_____

Address_____

City_____State_____Zip_____

Phone __Day __Evening (_____)_____

Email_____

Employer (optional)_____

How did you hear about this event? (Please be specific)

I wish to make my gift ☐ in memory / ☐ in honor of:

Child's Name_____

Age_____ ☐Months ☐Years

☐Please send notice to the address below:

Address_____

City_____State_____Zip_____

Giza's Charitable Trust Fund

Donations are tax-deductible.

Thank you.

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