



# FUNDRAISER DONATION FORM

First Name	Last Name	Address	City	State	Zip	Email	Amount
<b>TOTAL</b>							

**Instructions for fundraisers:**

Please send in all donations with a copy of the this donation form to:  
 The Oral Cancer Foundation  
 3419 Via Lido #205  
 Newport Beach, CA 92663

**Fundraiser Name & Event City**  
 (if this is a general donation to the event, write GENERAL)

*For all cash donations by individual fundraisers, please combine, and send a MONEY ORDER to The Oral Cancer Foundation at the above address.  
 The Oral Cancer Foundation is an IRS registered 501 (c) 3 non-pro t. Tax ID # 33-0969026*

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**Fundraiser Email & Phone Number**

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