



Donate By Mail

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Please use my gift to the Jessica June Children's Cancer Foundation for the necessary treatment and care of underprivileged children with cancer.

Enclosed is my tax deductible contribution of:

- \$25 ▪ \$50 ▪ \$75 ▪ \$100 ▪ \$150 ▪ \$200 ▪ \$500 ▪ \$1,000

Other amount: \$ _____

Please make check payable to: "JJCCF"

Donor name: _____ Email _____

Address: _____

City: _____ State: _____ Zip: _____

▪ My gift is in memory of: _____
(Name of deceased)

▪ I make this gift as an honor tribute

Gift in honor of: _____

Commemorating: _____

Send notice card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

▪ I would like to receive future information about the Jessica June Children's Cancer Foundation.

▪ I am interested in becoming a volunteer.

▪ I wish to be anonymous. Do not list me as a donor in JJCCF publication.

All gifts regardless of size are greatly appreciated. Thank you for helping support the sustainability of basic human needs for underprivileged children with cancer.

Mail this form to:

Jessica June Children's Cancer Foundation
Broward General Medical Center
1600 South Andrews Avenue
Fort Lauderdale, Florida 33316