

Yes, I want to help St. Jude.

One-Time Donation Amount \$35 \$50 \$75 \$_____

-OR- Monthly Gift of \$_____

Credit Card Check *(Make checks payable to St. Jude Children's Research Hospital.)*

CC# _____ Exp. Date _____

Authorizing Signature _____

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Name: _____

Street: _____

City, State ZIP: _____

FCVZ000LW20 12345678

Varsity Spirit

Student Information (Please fill out completely.)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

School _____

I want to receive electronic messages from St. Jude Children's Research Hospital and the organization that raises funds and awareness for St. Jude, American Lebanese Syrian Associated Charities (ALSAC), containing news and information about opportunities to support St. Jude. I understand that I can unsubscribe at any time by emailing donors@stjude.org or mailing the request to ALSAC at 501 St. Jude Place, Memphis, TN 38105 USA.

Student email address _____

Donor email address _____